

Winter 1978

Jefferson Alumni Bulletin – Volume XXVII, Number 2 Winter 1978

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Jefferson

MEDICAL COLLEGE

ALUMNI BULLETIN

FEB 24 1978

Winter 1978



Class Reunion Parties

June 7, 1978

1928 **50th**

Dinner
Jefferson Alumni Hall

1933 **45th**

Dinner
The Locust Club

1938 **40th**

Dinner
The Union League of Philadelphia

1943 **35th**

Dinner
The Union League of Philadelphia

1948 **30th**

Dinner
The Cosmopolitan Club
Dancing
Jefferson Alumni Hall

1953 **25th**

Dinner Dance
Jefferson Alumni Hall

1958 **20th**

Dinner Dance
Jefferson Alumni Hall

1963 **15th**

Dinner Dance
The Barclay Hotel

1968 **10th**

Dinner Dance
Place to be announced
Saturday, June 10

1973 **5th**

Dinner Dance
Jefferson Alumni Hall
Saturday, June 10



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Jefferson Scene

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Collection of varied news items pertaining to Jefferson is headed by Dean William F. Kellow's State of the College Message.

Becoming a Physician

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The first article in a proposed series conveys the mood of students at the outset of their careers.

Students Learn Outside the Curriculum

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Professional societies and political organizations supplement academic experiences at Jefferson.

Humanistic Viewpoints

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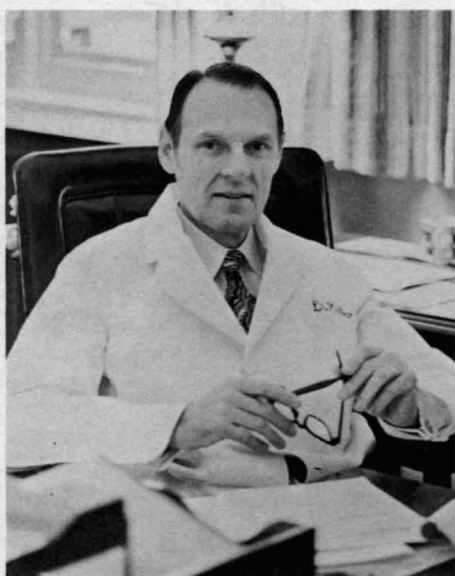
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On the cover: Michael Cairns, one of the five first year students featured in "Becoming a Physician" (see pp. 11-22), studies in Jefferson Alumni Hall.

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The Jefferson Scene



Dean Kellow

the dean speaks

Jefferson is beginning another era in its long history. A new President is undertaking the vast responsibilities of leading the University, and a new Chairman of the Board of Trustees has accepted the important role of supervising the conduct and destiny and future of this entire corporate enterprise. Ten years have lapsed since the last new President accepted office, and he was accompanied by a new Dean, a new Hospital Director, and three years later by a new Chairman of the Board of Trustees. This Annual Report focuses on the changes during those ten years, and while the most obvious growth to one who has been away lies in our buildings and physical facilities, those who follow us will measure our accomplishments in

terms of the success of our programs more than the beauty of our housing. The Annual Report this year has concentrated, therefore, on our students and our graduates, our curriculum and our faculty, our objectives and our attainments as best we can measure them in this period.

Ten years ago great national emphasis was given to the need for more physicians. Always a large medical school, Jefferson responded to this emphasis by increasing its enrollment even more, and the medical student body has grown from 685 students in 1967 to 903 in 1977. This is equivalent to the opening of an entire new medical school, but it was done at a fraction of the cost of a new school.

The decision to increase enrollment was made with the commitment to maintain quality. Growth in the number of students came at a good time for Jefferson because it coincided with a very large increase in the number of qualified applicants. The qualifications of our entering students remain remarkably high. We have been able to attract a larger number of women and minorities; to maintain an accelerated program in medical education in conjunction with Penn State University for those students who are very talented; to develop a program in medical education with the University of Delaware and the Wilmington Medical Center which has, in effect, made Jefferson the medical school for the State of Delaware; and to recruit students from rural areas. Now we are working with the Indiana University of Pennsylvania to improve the distribution of physicians

throughout the Commonwealth.

During the 1960's the faculty developed the medical and surgical specialties more intensively than previously, and this led to an emphasis on the specialties in our residency and fellowship programs. When it became evident that specialization was occurring to such an extent nationally that primary medical care was suffering, our curriculum was restudied and objectives were set to provide Jefferson students with a more integrated educational program, one which would give new emphasis to ambulatory care, a broader understanding of social problems, and also furnish a better transition into graduate medical education. These changes have had an effect on the career choices of our students, and more of our graduates are choosing the various fields of general medical care.

The methods of counseling and assisting our students have improved in recent years, and they have included efforts to help the students physically and mentally through the Student Health Service, academically through predictive procedures which enable the faculty to begin tutoring and self-help programs for students who need them early in their medical course, and professionally through a postgraduate advisory system. Emphasis has been given to the problems of minority students at Jefferson through the establishment of a position of Associate Dean for Minority Affairs, and this year 26 minority students enrolled with the first year class. The Office of Minority Affairs has helped Jefferson become part of a nationwide effort to increase the number of minority physicians in America. In contrast to ten years ago, essentially all Jefferson medical graduates obtain their internship/residencies in the best and most competitive university and university-affiliated hospitals in the country.

Medical research has been given a great boost in the past quarter of a century by the appropriation of large sums of federal money for its support. It is difficult, however, for the public to understand and appreciate the results of research, and so when people became disillusioned about the accessibility and cost of good medical care for the average

person, medical research and medical education became targets for criticism in government circles. As a result, the trend of federal funding has been away from research and into service-oriented programs. Jefferson has received an increased number of awards for service programs during this decade, but a decreased number of research awards.

The importance of research to the excellence of a university is fully appreciated by the officers and trustees at Jefferson, and they are committed to strengthening investigation here through the recruitment of talented investigators, the provision of space and an environment for investigation, and the development of fiscal support within our limited means. Most basic science departments have been able to support research from funds which have come from participating in programs in the College of Allied Health Sciences. The clinical departments have been encouraged to use medical practice overage funds for research, and the administration has made funds available from the Biomedical Research Support Grant for starter projects. Next year a new source of funding will be available for those projects which have been approved through peer review nationally but left unfunded because of a lack of money.

There has been almost a threefold increase in the expenses of the operating budget of the Medical School in the past decade. The Medical School budget in 1967 was \$11.5 million, and for 1977 it is \$31 million. For the educational programs, the budget has grown from \$4 million to \$9.7 million; for research, training and service grants, from \$5 million to \$12 million; for administration, from \$770,000 to \$1.7 million; and for general University allocations, from \$1.6 million to \$7.3 million. This growth has enabled the school to enlarge its faculty, operate its new buildings, provide expanded educational opportunity for its students, and develop more balanced programs in post-graduate and continuing education.

The new President and Board Chairman will find much more to be done, but they are likely to have more difficulty in furthering the University than those who were installed ten years ago.

In the 1960's there was a public willingness to support medical education and research in order to provide more and better health care. Now there is an impatient attitude across the land and the tendency to make heavy demands and provide little or no resources for the medical center to meet them. In the past two years our income resources have increased more slowly than our expenses. Even funds considered most secure, such as the Pennsylvania state appropriation, have been subject to changing political priorities. Financial retrenchment may become necessary in the next few years, and rather than experiencing continued expansion of our programs, we may be faced with a need for reductions in order to survive. These are the circumstances before the University today, and our faculty needs to think about them because if the worst comes, the faculty will be expected to join the officers and the trustees in an agonizing reappraisal of our priorities and a need to match our resources with our obligations.

urology chair

S. Grant Mulholland, M.D., noted urologist, epidemiologist and surgeon has been appointed the Nathan Lewis Hatfield Professor of Urology and Chairman of the Department effective October 1, 1977.

Dr. Mulholland has been Assistant and Associate Professor of Urology at the School of Medicine of the University of Pennsylvania since 1970. He is an Assistant Urologist at Penn's Graduate Hospital. From 1972, he was Chief of the Department of Urology at Philadelphia General Hospital. Also, he is an Assistant Surgeon at Children's Hospital, a Consultant to the Veterans Administration Hospital here, and a member of the Department of Urology of the Hospital of the University of Pennsylvania. Dr. Mulholland is known amongst his colleagues for his clinical endeavors and research in the field of infection.

Dr. Mulholland was born in Springfield, Ohio, and raised in suburban Philadelphia. He received his B.S. degree in

biology from Dickinson College in 1958 and his M.D. degree from Temple University Medical School in 1962. Also, he received an M.S. degree in surgery from the University of Virginia.

Dr. Mulholland completed a rotating internship at Reading Hospital in West Reading, Pennsylvania, and his residencies in surgery and urology at Tampa General Hospital and the University of Virginia Hospital, respectively.

Certified by the American Board of Urology, he was awarded a one-year U.S.



Dr. Mulholland

Public Health Service Training Grant in 1965 and served as a lieutenant commander at the U.S. Naval Hospital at St. Albans, N.Y., from 1968 to 1970.

He is a member of the American College of Surgeons, the American Medical Association, the American Urological Association, the Philadelphia Academy of Surgery, Philadelphia County Medical Society, Philadelphia Urological Society, the Society of University Urologists, the Urological Association of Pennsylvania and the International Society of Urology. He also serves on the Examining Committee of the American Board of Urology and is on the editorial Board of *The Journal of Investigative Urology*. He is the author of over 40 publications.

Dr. Mulholland, his wife, Ruth, and four sons reside in Wayne, Pennsylvania.

alumni president

John N. Lindquist, M.D. '43 has assumed the Presidency of the Jefferson Medical College Alumni Association. He was installed on February 23 during the Annual Business Meeting of the Association which was held at the Athenaeum on Washington Square.

Dr. Lindquist traces his involvement with the Association back to the days when returning alumni were given physical examinations during reunion week. Dr. Lindquist recalls that the late George J. Willauer, M.D. '23 first enlisted him to help with physicals. Dr. Lindquist subsequently co-ordinated the program for years until it was discontinued because of flagging alumni interest. Physicals were given because Association officers assumed that physicians would be more likely to undergo examination away from their place of practice during a week when they would have a little time to reserve for the procedure.

Having become involved in Alumni affairs through the physical examination program, Dr. Lindquist became increasingly active in the organization. He held a series of offices and serves as Class Agent. He attributes his interest to a conviction that the Association performs invaluable services for the Medical College. "The school," he states, "could not function without the loyal, generous support of the Alumni."

He strongly emphasizes the Association's role in contributing to the professional identity of Jefferson graduates. The sense of shared adventure students feel as they confront the hurdles of medical school creates a professional bond among class members which the Association, as Lindquist sees it, helps to maintain forever. Dr. Lindquist likes the sense of tradition associated with Jefferson and hopes that the character of his Presidency serves to bolster that sense. He explains that Jefferson's expansion to University status requires that the Medical College Alumni Association be strong to preserve the College's identity within the larger, institutional framework.

In keeping with the general tenor he sketches for his Presidency is Dr. Lind-



Dr. Lindquist

quist's concern to strengthen the Association at the chapter level. There has been, he says, some disinterest in some areas of the country. He wants during the coming months to find ways of dealing with that problem. He says that he has been considering how chapters might be used to facilitate continuing education. That practical function might, he explains, reinforce the network especially in geographical areas whose interests are remote from those associated with Jefferson.

He feels too that the Annual Alumni Banquet might serve as an occasion for more comprehensive ceremonial expression. Since, he argues, the Banquet is being held to honor the new graduates, there could be instituted a more formal and distinctive mode for welcoming them to their new status as alumni.

Dr. Lindquist has also toyed with the idea of using the Banquet as an opportunity to commend Jefferson's nursing graduates. Whether at the Banquet or not, Dr. Lindquist feels that the Alumni might make some attempt to acknowledge the physicians' appreciation of their co-workers.

Dr. Lindquist's sense of the nursing staff's contributions comes from his own long professional interactions at Jefferson. He directed the General Medical Clinic and the Geriatrics Clinic at TJU's Hospital from 1951 to 1975. For his performance as a teacher in conjunction with Clinic duties, he received the Christian R. and Mary S. Lindback Award for Distinguished Teaching in 1964. He now directs the appointment of the Attending Physician in charge of the Hospital's service patients. He is currently involved too in an attempt to strengthen the activities of the residents' follow-up clinic so that medical residents at Jefferson acquire more outpatient experience. A member of the Attending staff at Jefferson, he is Consultant in geriatrics to Friends Hospital and to the Northeast Community Mental Health Center, both in Philadelphia. He also acts as Consultant in medicine to Methodist Episcopal Hospital.

His principal clinical interest in geriatrics grew through his participation in numerous community organizations. He emphasizes the importance of such organizations which foster an approach to the

patient in terms of whole care. Since frequently the elderly suffer from social isolation, community organizations are especially effective at counteracting the destructive condition. Believing in the importance of these organizations, Lindquist has volunteered to support many of their efforts. For years he gave physicals to those contemplating a physical fitness program at the Philadelphia Center for Older People. He has been Consultant to the Center and Chairman of its Board as well. For his service, the membership dedicated a hall to him in their new building.

His principal professional affiliations reflect his clinical interests. Among the organizations to which he belongs are the American Geriatrics Society, Gerontological Society and the Society of Internal Medicine. Dr. Lindquist also was the recipient of the Washington and Jefferson Distinguished Alumnus Award and in 1956 was honored by the students' dedication of the *Clinic*.

Only one of his five children (three daughters and two sons) has thus far decided to follow her father's profession. She will graduate this June from Jefferson's Baccalaureate School of Nursing.

Looking at the urban sprawl below his office window on the sixteenth floor of Jefferson's Health Sciences Center, Dr. Lindquist confesses to a yet unfulfilled dream of living on a farm. But, thus far, he has channelled his agrarian impulses into his hobby—gardening.

jeff, italian style

Using the facilities of two medical schools gives a student a unique perspective for comparing their approaches to medical education—especially when the schools are in two countries. Davide Gai attends medical school at the University of Milan. During the summers he studies at Jefferson. The nineteen year old has come to Jefferson as the result of an intense selection process whereby he was ranked the most talented student academically in Italy in his age group.

Since the educational systems of Mi-

lan and Jefferson are so different, Mr. Gai is easily able to compare and to contrast them and to evaluate the differences. Mr. Gai presented his observations as part of the lecture series administered by the Office of Medical Education at Jefferson. The Office, directed by Joseph S. Connella, M.D., seeks to present programs which stimulate analysis of Jefferson's curriculum. The thrust of Mr. Gai's remarks is that he prefers the Italian system in theory and Jefferson's in practice.

Medical school curricula in Italy are designed for a six year program in contrast to the standard four years of U.S. schools. The first two years at an Italian school are the equivalent of the first year course work at Jefferson. As Mr. Gai explains, the Italian system simply gives students more time to study the basic sciences. The curriculum is set up so that courses run concurrently.

At Jefferson the basic approach to scheduling courses is by blocks. A first year student concentrates on biochemistry for a set number of weeks and then moves on to anatomy. Mr. Gai maintains that taking courses concurrently rather than in discrete units is preferable because the student can more readily relate the material of different courses if he is taking them at the same time. He argues that the student's tendency to close the textbook at the end of a course is more than literal. A student, experiencing closure when he takes a final, feels that he is through with the material. The subtle, psychological sense of completion impedes him from making associations with related material in subsequent courses. Mr. Gai admits that his preference for scheduling courses concurrently is based on the assumption that the process of identifying relationships among courses is the student's own responsibility.

The problem with that assumption is that it runs counter, in Mr. Gai's experience, to the central U.S. approach to medical education. At Jefferson, what the first year student should know is carefully determined, and the faculty does everything it can to facilitate the student's attaining well defined learning objectives. Mr. Gai was, in fact, astonished with the detailed manual accom-

panying slides in histology. The manual points out what a student should look for on slides. In contrast, he explains that not only did the University of Milan not supply him with a similar manual, but he didn't get any slides either. He had, in fact, to fly to Germany to purchase the slides which were not available in Italy.

If, then, a student is going to do well in Italy, he must take upon himself the responsibility for the quality of his own education. On the other hand, at Jefferson the burden of the responsibility is shared by the student with the faculty. In order to be good in Italy, a student must be extremely enterprising. He must do such things as Mr. Gai's coming to Jefferson to supplement his education. Such a system, encouraging, then, a high degree of independence, is likely to produce a few superb physicians. The Italian approach to clinical training—a student must find and compete for his own rotations with little or no help from his medical school—also encourages independence. By contrast, U.S. schools exert a much greater effort to control what a student should know. Although the student is a more passive participant in his own education than in Italy, U.S. institutions such as Jefferson produce in Mr. Gai's opinion better physicians on average than do Italian schools.

The need in Italy for extreme independence and initiative is comparatively recent. It used to be that the Italian medical school faculties helped students more than they now do so that the quality of an average student's education was higher. In 1968, however, Italian admissions requirements to medical school were radically altered. Prior to 1968, only high school students who graduated from a gymnasium or a scientific high school were admitted to universities. A gymnasium provides a classically based education with, of course, particular emphases on Latin and Greek. A scientific high school, which gives a student his pre-med education, does not only concentrate on science. Mr. Gai had, for example, upon graduating from high school ten years of Italian literature, six years of philosophy and five of German literature. He read

Kant in German when he was 15. He judges that his German is better than his English, and his English is exceptional. Before 1968, then, only students with Mr. Gai's rigorous high school preparation were even considered for admission to medical school.

Under pressure from Italy's Communist Party and due to widespread unemployment, all admissions requirements were dropped. Anyone can now go to medical school. Hence, Mr. Gai explains there are perhaps 4,000 students in his first year class at Milan. The students are broken into smaller lecture groups of between three and four hundred. "Few," Mr. Gai says, "attend lectures." Lectures are given over and over by the faculty. It used to be that the chairmen of departments gave the lectures, and assistant faculty members ran small group discussions which reviewed and reinforced lecture material. Now, to accommodate the great number of students, everyone gives the same lecture. Hence, the less than brilliant student who benefitted most from the review groups now lacks the extra help. It is a paradoxical situation in which democratically admitting everyone fosters the growth of an intellectual elite who are bright enough and capable enough not to need extra help.

The very fact of 4,000 students in a class creates an enormous problem with the instruction of anatomy. There simply are not enough cadavers so none are used. Mr. Gai deplores the attempt to try to learn anatomy without the concrete experience that he himself has gotten at Jefferson. Anatomy is a two year course in Italy with four exams in gross anatomy and one in microscopic anatomy. No more than 20% of the people who take any one of the five exams pass on the first try.

The examination system is perhaps the most startlingly different aspect of Italian medical education. The exams are oral. "Because," Mr. Gai explains, "several hundred students tend to want to take an exam on a given day, a student must rise early—3:00 a.m.—to get a good place in line. When the porter opens the University gates, the student runs to sign up for an exam slot. He then waits until his professor is ready to ques-

tion him. The student begins by discussing an aspect of the subject matter he himself chooses. Then the professor proceeds to question him by moving from general to specific topics. "The disadvantage," Mr. Gai claims, "is that a student is examined only once in each subject with the single exception of anatomy." Understandably, an extraordinary amount of a professor's time is spent in Italy giving examinations. One obvious advantage of the system is that a student gains immediate feedback on his responses.

This mode of examining is so different from Jefferson's use of the multiple choice format that it is perhaps difficult to grasp how it works. Mr. Gai explains, however, that the point of the examination is to test the student's ability to apply a wide range of conceptual skills to the matter learned. A student responds to questions, for instance, by making general assertions from which he draws specific conclusions. His ability to be logical and organized is being tested as well as his retention of matter learned. Mr. Gai feels that "the objective of basic science courses is to teach students to think conceptually; hence students should be taught and evaluated in a manner which accords with this objective." The theory is that the oral mode of testing asks a student to employ the thought processes he will later use as a clinician. Again, the method of testing favors the independent student.

It is evident from Mr. Gai's remarks that survival in an Italian medical school involves quite a struggle. Another fact that supports that contention is Mr. Gai's pronounced admiration of Jefferson's library. When friends from Italy visit him, he takes them straight to the library whose facilities Gai cannot praise enough. In Italy medical students in the first two years have no access to the school's meager stacks which are reserved for staff and advanced students. Consequently, Gai has spent \$2,000 on books during his first year at school. It is, in fact, doubtful that even Jefferson's library could service Milan's numerous students all needing similar materials. Gai's remarks seem to suggest that medical schools do not run well on political ideologies.

new trustee

John K. Armstrong has been elected to a three year term as Trustee on the Board of Thomas Jefferson University. Mr. Armstrong, who replaces John T. Gurash, is Executive Vice President and Chief Financial Officer of the Insurance Company of North America. Prior to his 1977 appointment at INA, he was Financial Vice President and Treasurer at Keene Corporation in New York.

Mr. Armstrong is a Phi Beta Kappa graduate of Wesleyan University and received an MBA at Harvard Business School. Presently he is serving as a Director on the Boards of Franklin Federal Savings and Loan Bank and United Chemical Corporation.

Mr. and Mrs. Armstrong, who reside in Bryn Mawr, have two children.

faculty changes

William S. Armour appointed Clinical Professor of Orthopaedic Surgery (Chestnut Hill)

Lewis W. Bluemle, Jr. appointed Professor of Medicine

Roger K. Ferguson appointed Professor of Medicine

Elmer L. Grimes appointed Clinical Professor of Surgery (Our Lady of Lourdes)

Harold Kolansky appointed Professor of Psychiatry and Human Behavior

Leonard J. Lerner appointed Research Professor of Obstetrics and Gynecology (primary appointment) and Research Professor of Pharmacology (secondary appointment)

Allen Harvey Seeger promoted to Clinical Professor of Obstetrics and Gynecology (Wilmington Medical Center)

H. Gunter Seydel appointed Professor of Radiation Therapy and Nuclear Medicine

G. Pirooz Sholevar appointed Clinical Professor of Psychiatry and Human Behavior

Wolfgang H. Vogel appointed Professor of Psychiatry and Human Behavior (secondary appointment)

laser for the ear

At the turn of the century, Jefferson's famed surgeon, W. W. Keen, M.D., wrote extensively in defense of animal experimentation. He argued the need to perfect surgical techniques on animals and cadavers before adapting the procedures to patients. A similar experimental approach is being carried on currently by JMC's Chester R. Wilpizeski, Ph.D. One difference is that Wilpizeski is using a surgical tool undreamed of by Keen—a carbon dioxide laser adapted for microsurgery of the ear. Wilpizeski, Professor of Otolaryngology, was trained as an experimental and physiological psychologist, and he has had to combine knowledge and techniques from several fields to design and conduct his experiments.

Funded primarily by grants from NIH, Samuel S. Fels Fund and the Deafness Research Foundation, Wilpizeski began his work with lasers other than the CO₂ instrument in 1969. He holds the distinction of being the recipient of the first NIH research grant for laser surgery. However, funds are now running out and the work will soon be halted.

Some early experimentation was done with an argon laser used principally by ophthalmologists for surgery of the retina. Although the term *laser* is an acronym for "light amplification by stimulated emission of radiation," the CO₂ laser, unlike the argon and other visible light lasers, generates pure heat in the far infrared region in the form of an invisible beam. The precision with which the laser operator can direct the energy through a stereoscopic microscope makes the instrument ideal for working within the small confines of the middle and inner ears.

The new model of the CO₂ laser is considerably more compact than the early versions designed for vocal cord and larynx surgery. The first instruments were about the size of a telephone booth, and the energy was directed with a hand-held probe rather than passed through an operating microscope. Currently, the CO₂ laser is being used with good results

in neurosurgery and gynecology. A major adaptation of the CO₂ microsurgical laser for ear work required changing the customary long focal length lens used in general surgical applications to a much shorter one. Working in conjunction with physicists and engineers of the firm that developed the device, Wilpizeski helped to define the operating parameters for its adaptation. By simply inserting substitute lenses and a programmable electronic timer to control the laser burst durations, the new version of the CO₂ laser can be used for almost any variety of surgical applications other than eye surgery.

The instrument Wilpizeski now uses is not yet a year old. Because the laser head is coupled to a bulky power supply and cooling system by a flexible umbilical cord, it can be attached directly to a microscope and used with great convenience and ease. Many safety devices are incorporated into the design, making accidents to patients and operating staffs very remote. With a burst of power lasting 15 milliseconds, it can remove details from a postage stamp without burning through the paper. On the other hand, it will also melt glass when the beam is applied for a sufficient time. Because of the very short laser bursts and the fact that infrared energy does not penetrate deeply into tissue water, the depth of the laser ablation can be highly restricted.

Wilpizeski speculates that the new laser system will not enable a highly skilled microsurgeon to do anything that could not be done with traditional otological instruments such as picks, chisels, burrs and curets, but the trauma is less, and bleeding is usually prevented. Because lasers remove tissue and bone by vaporization, mechanical vibration and accumulation of debris do not occur. Among the otological procedures already done with the laser are myringotomy, tenotomy, stapedectomy, neurectomy and labyrinthotomy.

So far, Wilpizeski's work has been with experimental monkeys. But he has completed sufficient research to suggest that human application is possible in the near future. A major phase of his NIH project requires proving that there are no adverse side effects of the laser

on animal subjects. Such testing reveals the value of Wilpizeski's background in experimental psychology. Electrophysiological techniques with permanently-implanted recording electrodes enable him to monitor closely computer-averaged discharges from the auditory and vestibular nerves. In this manner, changes in hearing and equilibrium can be measured over long post-operative periods.

A more sensitive testing procedure incorporates behavioral conditioning techniques. Listening to test tones presented through earphones, monkeys are taught to respond to the stimuli by pressing a lever. A computerized system enables each animal to take his own hearing test and traces out the results on a graph. The monkey's capability to hear after the laser surgery can be measured objectively in a manner similar to human audiometry.

Based on the results of a wide battery of tests and of histopathological analysis of the middle and inner ears of operated monkeys, Wilpizeski concludes that there are no long-term insidious side effects of laser ear surgery on hearing and equilibrium. He is convinced, from the animal studies to date, that the CO₂ surgical laser is not harmful when used in a careful, appropriate manner.

kramer professor

Joseph M. Glennon, M.D. has been appointed the first Kramer Professor of Medicine and Director of the Division of Endocrinology and Metabolic Diseases. The Professorship was established from the estates of Dr. David W. Kramer '12 and his wife, Bertha I. Kramer.

Dr. Glennon comes to Jefferson from Texas Tech University School of Medicine in Lubbock where he was Professor of Medicine and Chief of the Division of Endocrinology. Prior to his 1973 appointment in Lubbock, he was Associate Professor of Medicine at Tufts University School of Medicine and Senior Physician of the Endocrine and Metabolic Section and Director of the Metabolic Study Unit at Lemuel Shattuch Hospital in Boston.

Dr. Glennon received his M.D. degree in 1957 from State University of New York (Downstate). In 1963-64 he was a Research Fellow and Assistant in Medicine (Endocrine) at Tufts, and the following year he was Post Doctoral Fellow (Endocrine) in the Departments of Zoology and Medicine at the University of Wisconsin.

Among his numerous professional societies are memberships in the American College of Physicians, the Endocrine Society, the American Federation for Clinical Research and the American Institute of Nutrition. He is certified by the American Board of Internal Medicine and Endocrinology and Metabolism. His bibliography excluding abstracts lists 32 articles.

Dr. Kramer, who was Honorary Professor of Medicine at Jefferson at the time of his death in May of 1969, was a pioneer in the treatment of diabetes and vascular diseases. He was responsible for organizing diabetic and vascular clinics throughout the city and was cited for his work in 1962 when he was awarded the J. Howard Reber Memorial Medal by the Delaware Valley Diabetes Association.

rehfuss lecture

Dr. Helen M. Ranney, the 1977 Rehfuß Lecturer, spoke on "Sickle Cell Anemia: Treatment or Prevention?" Professor of Medicine and Chairman of the Department of the University of California at San Diego, Dr. Ranney analyzed approaches to sickle cell anemia and concluded that attention should be focussed on supportive care, rather than prevention. She intimated that control of the disease through genetic counseling was not feasible.

Dr. Ranney's observations are based on her research into red cell abnormalities, particularly in diseases associated with abnormal hemoglobins. She has studied the relationship of the structure and function of normal and abnormal hemoglobins, especially sickling and M hemoglobins.

The hematologist is a member of the Institute of Medicine, the National Academy of Sciences, the American Academy of Arts and Sciences, the As-

sociation of American Physicians and the American Society of Clinical Investigation.

Created in honor of the late Martin E. Rehfuß, M.D., the lectureship is endowed by the Percival E. and Ethel Brown Foerderer Foundation. Percival Foerderer, who became a Life Trustee in 1928, was first attracted to Jefferson when a patient of Dr. Rehfuß. An internist, Dr. Rehfuß joined the JMC faculty in 1914 and continued his association for 38 years. He was internationally known for his research on the digestive system.

instrumentation

Dr. Philip A. Katz has been appointed Director of the Biomedical Instrumentation Department at TJU's Hospital. Former Director of the Biomedical Engineering Department at Newark Beth Israel Medical Center, Dr. Katz holds a Ph.D. in High Energy Experimental Nuclear Physics. Prior to Dr. Katz's appointment, no single group supervised the Hospital's clinical equipment. There was a Clinical Instrument Service which did electrical safety testing and some repair work, and some departments employed technicians for the support of their equipment. As well as representing a consolidation of all testing and repair services, Biomedical Instrumentation provides new modes of support for the Hospital.

Dr. Katz's Department evaluates equipment before purchase. When a clinician requests a piece of equipment, Biomedical Instrumentation surveys the market place. Models by different manufacturers are tested in the Instrumentation lab. If the engineering analysis finds the equipment acceptable, it is next tested under clinical conditions. On the basis of these tests, Dr. Katz's Department and the clinicians involved recommend that the Hospital purchase the best equipment to suit the clinical need.

Systematic pre-purchase evaluation is new at Jefferson. When each clinical department independently purchased its own equipment, there was, understandably, a lack of equipment standardization in the Hospital. The new system provides three advantages over

the former method of purchase. First, equipment can be interchanged so that the staff who operate a machine will know how to run its replacement. Second, staff can be moved from one location to another without having to learn to operate another version of the same machine. Third, it is much easier to support standardized equipment because repair parts from only one manufacturer need be stocked. The capability to evaluate apparatus before purchase is particularly relevant at a time when multi-million dollar expenditures are being planned for the new Hospital.

In addition to pre-purchase evaluation, the Biomedical Instrumentation Department is in charge of servicing hospital equipment. Before jurisdiction was organized into one unit, clinical departments serviced their equipment in one of three ways: (1) by contracts with manufacturers; (2) through use of in-house personnel; (3) by hiring service technicians at an hourly rate. Dr. Katz observes, "Outside service did not provide, in most cases, the high quality work with adequate response time to satisfy clinicians' needs. These methods were also not economically sound for the Hospital."

He states that "the goal of the Department is to provide full service capability for clinical equipment. We want also," he explains, "to minimize equipment 'down time.'" When a machine is not in operation, the Hospital loses money on its investment.

Katz's Department is instituting procedures for preventative maintenance in order to reduce the amount of time equipment is out of service. Instruments are brought to Katz's lab; there they are cleaned; internal calibration is checked; and questionable components, replaced. Such preventative maintenance enables Katz's people to judge whether undue wear and tear indicates faulty operation. They can then go to the clinical setting and reinstruct personnel on use of the equipment.

Such systematic servicing and maintenance helps Jefferson to meet the new standards set by the Joint Commission on Accreditation of Hospitals. The Commission requires that all work done on clinical instruments be fully docu-

mented. Obviously, consolidating support services facilitates documentation.

Finally, Dr. Katz expects to be involved in more academic matters at Jefferson. He plans to collaborate with clinical staff members in the development of new apparatus and the modification of existent devices. In conjunction with the Department of Physiology, he is already involved in teaching first year medical students to operate monitoring equipment. He hopes that lectures will be added in conjunction with the basic science courses that aim at improving medical students' knowledge of current instrumentation.

"Four or five years ago," Katz comments, "almost no in-house biomedical instrumentation facilities existed." Although departments such as Jefferson's are still relatively rare, a simple survey of the clinical areas argues the need for such a service. Extremely complex equipment must be supported by a high level of expertise.

luscombe portrait

Dr. Andrew J. Ramsay, Emeritus Professor of Anatomy at Jefferson, recalls reading a blue book (on which JMC exams were once written) at 2 a.m. "The script was neat and legible; the essays, well organized; the answers, all correct." Dr. Ramsay looked at the cover for the author's name—"Herbert A. Luscombe." The occasion that called up Dr. Ramsay's recollections was the presentation of Dr. Luscombe's portrait to Jefferson Medical College last November.

Dr. Ramsay remembers that he had just joined the faculty when Dr. Luscombe '40 was in his first year of medical school. A humorous touch to the ceremony came from Dr. Ramsay's beginning the traditional biographical sketch a little further back in time than usual—a slide presentation depicting the meeting of ovum and sperm was projected before the audience.

Dr. Luscombe's professional life has been devoted to Jefferson. His residency as well as medical training was at Jefferson. After pursuing his work in dermatology for a year at the Graduate School of the University of Pennsylvania, he joined the faculty in 1949 and became

Professor of Dermatology and Chairman of the Department ten years later. He is also a past President of the JMC Alumni Association as well as of the Medical Staff of Jefferson Hospital.

Dr. Jay J. Jacoby, Professor of Anesthesiology and Chairman of the Department, presided at the proceedings. Dr. John B. Montgomery '26, Emeritus Professor of Obstetrics and Gynecology, unveiled the portrait which was painted by Alden Wicks of New Hope, Pennsylvania.

Accepting on behalf of the faculty, Dean of the Medical College, Dr. William F. Kellow commended Dr. Luscombe for being the epitome of "the good Jeffersonian." The phrase, Kellow explained, meant that Dr. Luscombe is "a good physician whose interest in students enables him to adapt readily to the various teaching levels of a medical university." Also, Dean Kellow remarked, the good Jeffersonian exhibits a commitment to clinical research such as that evidenced by the eighty or so publications bearing Dr. Luscombe's name.

A member of the honorary research society Sigma Xi, Dr. Luscombe revised the section on dermatology in the latest revision of the *F. A. Davis Encyclopedia of Medicine*.

Dean Kellow's remarks were followed by President Lewis W. Bluemle's acceptance on behalf of the Board of Trustees. President Bluemle emphasized the comprehensive involvement of the Luscombe family with Jefferson. Mrs. Luscombe, the former Sally McHugh, graduated from Jefferson's School of Nursing. Two of Dr. Luscombe's children received M.D. degrees from Jefferson—Herbert J. '68 and Susan M. '75. The youngest child, Jill, is a senior studying medical technology at TJU's College of Allied Health Sciences.

Among Dr. Luscombe's professional affiliations are memberships in the American Academy of Dermatology, the Society for Investigative Dermatology and the Philadelphia County Medical Society. Dr. Luscombe is also a past President of the Philadelphia Dermatological Association.





Becoming a Physician

The first article in a proposed series conveys the mood of students at the outset of their careers.

by Jacquelyn S. Mitchell

In an age of casual social conventions, the tone of a ceremony such as Orientation for the Class of 1981 is likely to be mixed. The students are a little grave and apprehensive about beginning the awesome task of becoming a doctor, but they belong to a generation that does not express itself naturally in the formalized sentiment of ceremonies. Accordingly, the upperclassmen, primarily sophomores, who conduct orientation, tend to adopt a jocular tone when informing their new peers; they assume too a posture for speaking which, with its slight slouch, conveys an attitude of relaxed control. It may be in those first few moments at medical school, when freshmen absorb non-verbal cues from upperclassmen, that the Class of 1981 begins to learn how to confront the task of becoming a physician.

They must integrate previous experiences that comprise personal identity with their training at medical school to become professionals. For their training, they have chosen Jefferson, and as one speaker reminds them, Jefferson is not only a good medical school, it is also an old one. With age come traditions and often, as at Jefferson, an allegiance to them. The question remains whether the Class of 1981 will be affected by their predecessors of the past 153 years. How will they define themselves with respect to that tradition? Will they find good models that will give them a sense of their own future?

On that first day of Orientation, the sophomores can show the freshmen how a medical student acts, but the ceremony requires an image for more distant goals. Ascending to the podium after the artfully casual upperclassmen, the Dean of the Medical School has the task of pro-

viding that image. Dean William F. Kellow asks the students to reflect on their motives for studying medicine. He reminds them of the public's growing disenchantment with the profession and the subsequent erosion of prestige. He mentions Senator Edward Kennedy and the spectre of socialized medicine as counsel against motives too materialistic.

Then, Dean Kellow talks of his own experience with medical school. He tells the students that on graduation day he and his father were alone for a few minutes. His father asked the apparently rhetorical question, "Wasn't it all worthwhile to become a doctor?" Dean Kellow recalls that he said, "No." It wasn't, the Dean explains, until he was well into his residency that the experience of medical school became "worthwhile." He tells the students about treating a sick child whose parents were distraught. The Dean intimates that the sight of relieved parents and a revitalized child will more than redeem the seemingly endless memorizing and ever-deepening fatigue of medical school. The Dean, in effect, asks the students to have faith in the process they are about to begin.

In order to examine that process of becoming a physician, five members of the Class of 1981 have been selected and interviewed so that their experiences may be presented at the outset of medical school and over the next four years. The staff of the JAB plans to focus on one or two of the five students per article interspersed throughout future issues. Three of the five students represent programs under which students are admitted to Jefferson: the Five-Year, Physician Shortage Area and Delaware Programs. The other two students belong to cate-

gories which were chosen on the basis of their likely interest to alumni readers. One student is the son of an alumnus; the other is newly married.

Of the 4,590 applicants to Jefferson's Class of 1981, 1,134 were interviewed. Of those, 341 were offered acceptance, and 223 matriculated this past September. Although 2,789 applicants were not Pennsylvania residents, only 32% of the class was selected from that group. Of 1,801 Pennsylvania residents who applied, 201 were accepted, and 152 matriculated.

In 1963, Jefferson began an arrangement with Penn State University to combine undergraduate and medical school education. The first class participating in the Five-Year Program entered Jefferson in 1964. Of the 36 students who matriculated to Penn State under the auspices of the Program in 1976, 25 qualified for admission to Jefferson in 1977.

The Physician Shortage Area Program represents an effort by Jefferson to provide medical care to rural counties in Pennsylvania that need more primary care specialists. Of the 15 acceptances extended to students applying through this Program, 12 students chose to join the Class of 1981.

Jefferson acts as medical school for the State of Delaware. Each year 20 students are accepted who are residents of Delaware. Seventy-five students applied through this Program.

Eighty-eight of the applicants were children of alumni. Of the 31 who matriculated, 18 are residents of states other than Pennsylvania. Surprisingly, perhaps, only 34 members of the Class are married—28 of the 183 men and 6 of the 40 women.

Martha Shenot Assesses The Cost of Acceleration

Martha Shenot refers to herself as a "Prog." Whatever associations the word conjures up, it does not sound as if it applies to an attractive young woman who has taught gymnastics and studied ballet for 13 years. The term "Prog.," derived from "programmer," is the students' own designation for a participant in what Jefferson's administration calls the Five-Year, Accelerated or Penn State Program. Each year the Admissions Committee of the Medical College screens the qualifications of high school seniors who seek acceptance to Jeffer-

son in conjunction with undergraduate application to Penn State University.

The students enter Penn State the summer after they graduate from high school. After a month at Penn State, Ms. Shenot had to return to her hometown, Cazenovia, New York, to receive a high school diploma. She then attended classes at Penn State for five consecutive terms so that she could begin medical school at a time when other students her age normally start their sophomore year in college. After her first year at Jefferson, she must return

for one more summer session at Penn State.

With the exception of short term breaks, Ms. Shenot will have attended classes from the outset of her senior year in high school to the summer after her second year in medical school. The courses taken continuously during those four years are not easy ones. Ms. Shenot explains that in order to maximize her chances for acceptance to the Program and to colleges with noted pre-med curricula, she elected in high school three languages and extra science and English courses. At Penn State, she and the other "Progs" are required to take science courses designed for majors in each respective field. "We take," she asserts, "the hardest courses they can find for us—the chemistry majors' chemistry, the physics majors' physics."

When asked what she gains at the cost of vacation experiences which other students her age have, she responds unhesitatingly, "assurance." Having been admitted to the Program, she knew that if she fulfilled specified requirements—a 3.5 overall cumulative average with a 3.5 science average each term—she would very likely enter medical school one year after she graduated from high school instead of devoting four years to wondering, as many pre-meds anxiously do, whether and how one can get into medical school. Although she has reservations about the Penn State Program, Ms. Shenot feels that for her the assurance of acceptance is well worth relinquished vacation and intensified study. Indeed, it is evident from conversation with her that she has not lived through the self-doubt and the compulsive calculating some pre-med majors have experienced. She betrays no sense that intangible factors which she can't control may affect the admissions process. In contrast, first year students who are veterans of pre-med curricula are more likely to express uneasiness about the role luck has played in distinguishing them from unsuccessful friends.

Although Ms. Shenot's undergraduate career was not colored by questions of ends, the passage was short—critics of the Program would argue "too short." In order to fit into one year what most students do in four, Ms. Shenot had to



Dr. Lois Newman (left) assists Martha Shenot with dissection of mediastinum.

give up her extracurricular activities. Though she choreographed and danced in high school musicals, she did not have the time to pursue her interest in dramatics at Penn State. By the end of her junior year in high school, she had decided that she could not afford the time to be a good gymnast so she stopped studying the sport. Her recounting of her decision to quit brings up a point in favor of Jefferson's somewhat controversial Program. Young athletes commonly engage for years in training regimens which are as demanding and encompassing as the academic rigors Jefferson's Penn State students face. Some people—and clearly Ms. Shenot is one of them—prefer even at 18 to channel their energies; and Jefferson's program gives such people an opportunity to do in medicine what many young people have done in sports or music.

Ms. Shenot asserts that "the Program is run as well as it can be." She thoughtfully identifies three problematic areas. First, she explains, "It is an honor to be accepted; and such an honor can be sufficiently flattering that a student may enter the Program to confirm the sense of specialness being admitted gave him. Another problem occurs," she continues, "when motivation to enter comes more from parents than the prospective student." Although a full term undergraduate education is no guarantee that flattery and parental pressure are not pushing a student toward medical school, "the older student is," Ms. Shenot argues, "less likely to be influenced by superficial motives."

Finally, she explains, "the level of a student's maturity is a problem." The very bright nineteen year old may simply not have had sufficient experiences to season him emotionally. She speculates that the Program is particularly difficult for men because they tend to be socially more isolated than the women. "Nineteen year old men," she observes, "just look and act differently from the average first year medical student; while the differences between women in both age groups are less evident. Consequently," she explains, "the older male students readily differentiating themselves from younger counterparts may be hostile." Although sympathetic to some

reasons for the antipathy, Ms. Shenot points out, "Envy at what is perceived as a less arduous admissions route may account for some abrasive interchanges."

Having explained what she considers to be possible difficulties with the Program, Ms. Shenot asserts that despite her speculation about problems, she herself has experienced none. "Everyone at Jefferson has been," she says, "so helpful. Although I haven't needed assistance with any particular matter, the very atmosphere of the place is supportive." She states simply that if older classmates judge her negatively on the basis of age, that judgment is their problem and not hers.

She explains that she has felt little stress in her move from Penn State to Jefferson. She was more anxious about the transition from high school to college. Thus far the educational experience at Jefferson that has most impressed her is an insight into the relationships among the sciences she studied at Penn State. She is delighted with the incipient sensation of integration. In retrospect, courses at Penn State provided chunks of information which had to be somewhat mechanically processed. "Perhaps the most difficult material conceptually," she reflects, "was in a graduate Shakespeare course," which was also her favorite class.

Going to school during the summers at Penn State she describes as "wonderful." She contrasts both the neat picturesqueness of her hometown and the expanse of forest and mountain at Penn State with the clutter of Jefferson's urban setting. At first she was excited by the city—the rows of domed lights on Chestnut Street. Then she began to focus upon the derelicts who loiter in city doorways. She saw cockroaches and street debris and, as she expresses her reaction, "the city lights seemed less bright."

When she talks of people she hadn't seen at her suburban high school or on Penn State's campus, she reveals a marked ability to entertain the perspectives of other people. Such perceptual flexibility will probably help her to understand patients compassionately.

Her ability to see from other people's points of view is evidenced by her description of the first operation she ob-

served. She was a little unsettled by the banter reflecting adversely on a new scrub nurse. Knowing she would not like to be the subject of similar remarks, she has resolved not to treat the nursing staff in a condescending manner. "In fact," she maintains, "I hope that I won't develop the arrogance which could foster such an interaction."

Most of her remarks about prospective changes in medical school concern what she would like to avoid. She recounts a tale a sophomore told her about not being able to sleep because images of arterial connections kept jogging him to consciousness. Wanting not to become that obsessive, she hopes for "more pleasant dreams."

Asked when she decided to be a doctor, Ms. Shenot responds that despite the absence of any immediate models in her childhood, she cannot remember wanting to be anything else. When she was four, she recalls, she refused to accept a toy nurse kit because she wanted to play-act doctoring instead. Although she has looked at other professions, her convictions about a career have never wavered. Her mother, a housewife, has always maintained that a child's sex should not affect career aspirations, and her father, a chemical director for Agway, has concurred. Ms. Shenot cannot remember her parents regarding her ambitions with any less seriousness than those of her three younger brothers.

Her convictions go beyond her career area to include a specialty—surgery. Having always envisioned herself a surgeon, she simply has a feeling she'll be good. Anticipating that a woman of 23 will encounter difficulty getting a good residency, she is, nonetheless, not much daunted by the prospect of opposition.

Although she sketches her general aspirations forcefully, details tend to humanize her resolution. Laughing disarmingly, she explains that she went to see an operation as soon as she could in order to test her reactions. Standing on a stool, she watched—herself as well as the process. "Seeing the surgeon put his hands on a living, working organ caught my imagination," she recollects; and from her pleased recounting, it is obvious that the experience assuaged whatever doubt provoked her to test herself.

Physician Shortage Draws Kennedy Toward Corsica

Unlike Martha Shenot, George Kennedy did not take enriched science courses in high school. He didn't even take science in college for his B.A. degree. When he graduated, he knew more about monads and dialectics than molecules and diaphoresis because he had majored in philosophy.

For Mr. Kennedy, who entered a seminary at age 14 to study for the priesthood, a philosophy degree from Catholic University provided a means for exploring his vocation. After two years at Gannon College in Erie, Pennsylvania, he was one of 12 students selected nationally for an Honors Program at Catholic University. He explains that participating in the Program was a good rehearsal for medical school where some of the best students must adjust to being at the bottom of the class.

Having determined that he would not be a priest, Mr. Kennedy next had to decide between his preferences for a career in teaching or in the health sciences. Then, after almost four years of probing and searching, he knew he wanted to be a physician. With no background in the sciences and little tangible evidence of his ability to do them, George Kennedy went back to Gannon College for another Bachelor's

Degree, this time with a major in biology. Two and a half years later, at the age of 25, he had another undergraduate diploma and an acceptance to Jefferson.

He recalls that most people were skeptical about his decision. "They really didn't think," he says, "that I'd get into medical school. With my limited science background and the odds against acceptance, I took a tremendous gamble." When asked to describe his feelings at the time of his decision, George Kennedy laughs because he knows his answer will be unexpected. "Finally, after four years of thinking, I knew what I wanted to do, and knowing made me happy. The anxiety involved in the gamble seemed like a fair price to pay for having a commitment."

After working the equivalent of a semester on the construction of Washington's subway system, Mr. Kennedy left the city and his fiancée. "Kay and I were apart for a year and a half, and," he adds, "the separation was hard on both of us, but she had to finish school." Kathleen Lynott, who had her R.N., was pursuing a B.S. degree at Catholic University. She worked in the school's infirmary where George met her. He explains that he was on the university gymnastics team long enough to injure his shoulder, ruin his tennis game and meet his future wife.

Their separation wasn't the only troubling aspect of Mr. Kennedy's return to Gannon. "I was," he says, "starting out anew. I didn't know much about biology and chemistry. My classmates were younger than I, and they knew more. Beginning in the middle of the school year, I took advanced courses before the introductory ones which were given during the first semester. The material was alien to me; I was different from the other students; I felt alone. Sometimes," he reflects, "looking back, I wonder how I did it; something seemed to be driving me. My experiences at Gannon, which were tough at first, made my commitment to medicine real. It wasn't just an idea anymore, but a conviction attested by action."

At least the scenery was not among the difficulties adjustment to Gannon entailed. Mr. Kennedy speaks enthu-

siastically of his return to the country. His father (a mechanic who insisted on George's staying away from the cars that so absorb the attentions of young men) and his mother (who nursed in field hospitals during World War II) still live in Corsica, Pennsylvania, where George grew up. The small town of 300 is on the border between Jefferson and Clarion counties. That coal mining community is representative of the program whereby Mr. Kennedy was admitted to Jefferson—the Physician Shortage Area Program.

Jefferson admits under the auspices of this program qualified students who are likely to return for practice to the rural Pennsylvania counties where they have resided. Counties designated as "shortage areas" are Adams, Armstrong, Bedford, Butler, Cameron, Clarion, Clearfield, Fayette, Fulton, Greene, Huntingdon, Indiana, Jefferson, Juniata, McKean, Northumberland, Perry, Pike, Schuylkill, Snyder, Somerset, Sullivan, Susquehanna, Tioga, Union, Wayne and Wyoming. Being admitted through this program obligates Mr. Kennedy to a residency in family medicine.

In addition to the standard admissions materials, each applicant must submit three letters from inhabitants of his area; Mr. Kennedy was recommended by his pastor, the proprietor of Corsica's hardware store and an official of the coal company. These letters should contain an evaluation of the applicant's sincerity and ability to live and to practice in a rural community. Mr. Kennedy commends Jefferson for its use of these letters which enable admissions personnel to probe the soundness of an applicant's claims.

"Like most people trying to get into medical school," Mr. Kennedy explains, "I chose to apply in the manner which would optimize my chances of being accepted. But I want to practice in an area like Corsica. I like that kind of place and people, and they really need more doctors there."

At times, I envision myself practicing in a small town. I am attracted to the image of my gradually getting to know patients and gaining the trust of people who don't take easily to outsiders. Living, practicing in a place like

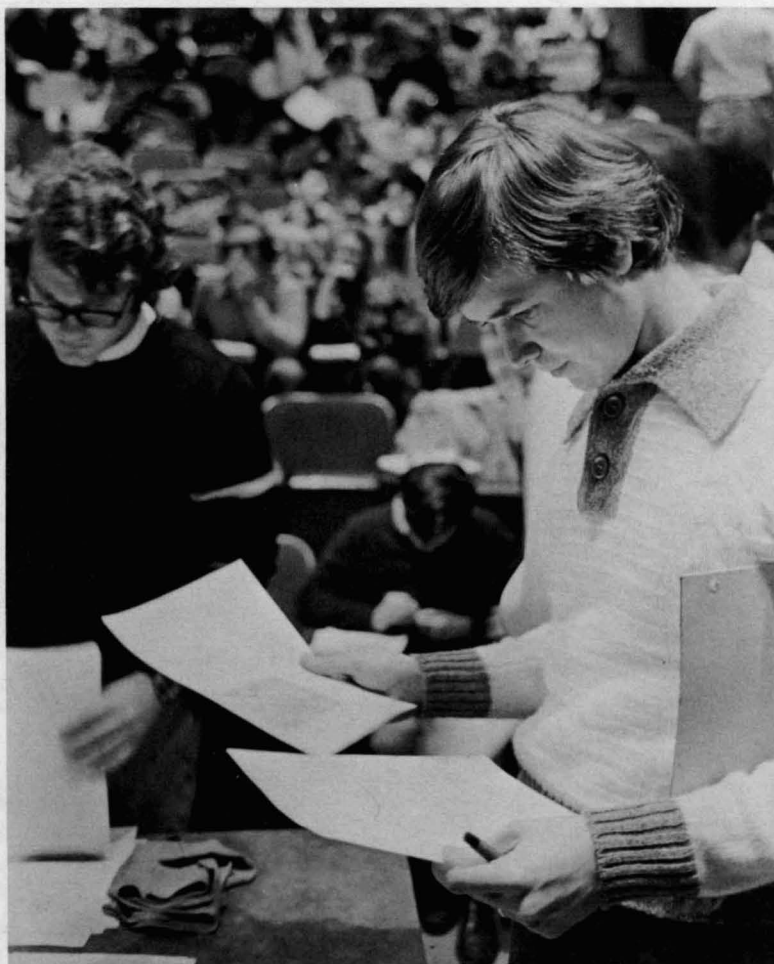
Corsica, I'm not going to have much anonymity. I will be highly visible in the community as 'the doctor.' But then," he reflects, "visibility is the hallmark of small town life; people know one another to an extent not possible in urban settings. I look forward to the opportunity of approaching patients as neighbors whom I'm going to see again and most likely not in my office. Such a life style promises a degree of integration between my social and professional identities which will, I think, be satisfying."

As the humanistic flavor of his remarks suggests, Mr. Kennedy is more likely to conceptualize patients as individuals with ailments than as ailments within bodies. He also talks of conceiving of patients as family members so that information regarding one member will help him to understand another. Even as he constructs from his memories an image of his prospective life, he admits that his vision of family practice in rural Pennsylvania may belong to the idylls of lost America.

He is also aware from the vicissitudes of his own efforts to choose a career that future experiences may undermine present inclinations. "If," he explains, "I like pathology more than family medicine, then I would be a better pathologist, and as such am likely to do more good than a half-hearted family practitioner would. I just can't be sure how my experiences at medical school will affect my tentative commitment to practicing in an area like Corsica. My desire to return is counterbalanced by my respect for the unforeseen."

Then there's my wife to be considered. She grew up in Washington, D.C., and although not wanting to live in a big city, she wouldn't like being 50 miles from the next house. I wouldn't want always to put my career before my family so I'll have to accommodate where and what I practice to my wife's preferences as well as my own."

As his judicious analysis of his relationship to the Physician Shortage Area Program suggests, George Kennedy tends to regard most experiences from a mellow point of view. When he talks about the challenge of studying among so many bright and well-educated stu-



George Kennedy attends anatomy lecture.

dents at Jefferson, he stresses the opportunity medical school has given him to talk with others about the processes and ideas that most interest him now. He gives no indication that he sees other students as competitors for a niche in the upper tail of Jefferson's curve. Above all, he seems to have a sense of self which is not dependent on such outside assessments as grades.

He explains, for instance, that his performance on the first biochemistry exam was respectable. He compliments Jefferson's thoughtfulness in posting answers an hour after an exam. What the test represented to him was a monitor of his study methods. He explains that he trusts the institution to determine what he ought to know, and the exams act as steering devices. Before the first test, he didn't know what or how to study, but afterwards he felt he knew a little more about the kind of knowledge that at least the Biochemistry Department, if not the Medical College as a whole, thinks a physician should have.

He sees his experience with the first exam as a foretaste of his involvement with basic sciences. "Each exam will be a hurdle," he says, "and I expect from time to time that concentrating intently on an immediate hurdle, I'll lose sight of the overall process. I just think it's important not to be shocked or dismayed by my lapses in vision because that kind of reaction could make me uncomfortable with myself or hostile towards Jefferson."

With the brand of mellow awareness that comes from taking the long view, George Kennedy simply isn't prone to the discontent that sometimes accompanies intense involvement in the present. Calling his stance optimistic and hence unfashionable, he wonders whether a character who tends to reserve judgment and to emphasize the positive is a good choice for a series such as the JAB has proposed. Seeing, though, how a self-confessed optimist fares through all the long nights of medical school should prove interesting.

Thomas Westphal Confronts the Challenges of Medicine and Marriage



Thomas and Diane Westphal in their first apartment at Jefferson's Barringer Residence Hall

Thomas R. Westphal played defensive tackle his senior year in college. He was a fullback his first three years at Franklin and Marshall in Lancaster, Pennsylvania. He graduated from high school with 9 letters. Several seemingly junked cars, BMW's and jaguars, are parked near his parents' home—the remnants of a hobby that Mr. Westphal bequeathed to his younger brother. He still picks up a little money by reconstructing car bodies or giving them a new coat. Whatever image hobbies of muscle and machine conjure up, it certainly does not prepare one for the appearance of Mr. Westphal's apartment. He and his

new wife live in Jefferson's Barringer Residence Hall.

Various woods—dark and polished—first impress the visitor. The furniture looks old, yet the pieces, despite their vintage, are not scratched and battered in the manner of “the bargains” students haul out of second-hand shops or the “quaint finds” they retrieve from parents' attics. Among all that beautiful wood is a sofa which Mr. Westphal designates as “a turn of the century reproduction of a Chippendale camelback. My father, who's a mechanical engineer, taught me something about his hobby—collecting and refinishing an-

tiques,” Mr. Westphal explains. “Working in wood is a family tradition. My grandfather made this,” he adds pointing to the table in front of the sofa, “and I did the footstool that's under the rocker.” The scalloped design of the footstool, which was done by hand, and his talk about “standardizing turnings” when he explains how he revised the bedposts and enlarged the platform of his old bed reinforces the impression of a man whose involvement with wood craft goes deeper than the current fashion for refinishing.

The decorations in the apartment are unusual too. The partially finished “Sov-

ereign of the Seas" exhibits what is a rarity in ship models nowadays—a wooden hull; Mr. Westphal has been working on it for more than two years. Two of the paintings are by his mother who went to Barnard and graduated from Syracuse. His German grandfather did two smaller works—a colorful one of a train station in his native Flemsburg and a bleak one of ragged wire and broken post above the trenches along the Western Front. A still life of yellow iris is a watercolor by Mr. Westphal's brother who is attending the Pratt Institute of Art.

Explaining, "This is where I study," Mr. Westphal settles himself into the rocker and props his feet onto the stool he made. The sight of a body with a fullback's bulk ensconced in the delicately wrought, old rocker epitomizes the contrasts that make up Thomas Westphal. Next to him on the camelback sofa sits his new wife, the former Diane Vlassis. In comparison to Westphal, she is small at four feet, eleven. They met at Lancaster General Hospital where she was a nurse and he, an orderly. They married last May and lived most of the summer with friends in Lancaster. The apartment at Jefferson is their first.

Both of the Westphals recall that no one encouraged them to marry. Physicians they knew at General either counseled delay or offered no advice. Mr. Westphal says, "I was worried about being both a new husband and a new medical student. The question is whether I will have adequate time to devote to both commitments." Because the Westphals are familiar with the hazards of medical marriages, they themselves debated at length whether and when to get married.

"Diane's nursing background," Mr. Westphal explains, "will enable her to adjust to the long hours my career is going to demand." Mrs. Westphal adds, "I understand how much time medicine takes, but I can't see it becoming Tom's whole life. Especially when we have children, I hope he'll be able to devote time to the family."

The Westphals speak realistically of the problems facing married people. They recognize that changing mores

make infidelity with all its attendant insecurities a condition people are more likely to face today. They realize too the portentous implications of the high divorce rate among medical students. What they have tried to do is to face and to explore one another's apprehensions regarding such matters.

They have already weathered an operation. During her first week at Jefferson, Mrs. Westphal had severe flank pains which subsequently led to an operation to separate her horseshoe shaped kidneys and to correct a structural flow characteristic problem. Her operation occurred when Mr. Westphal was starting classes. She returned to her parents' home in Lancaster. By mid-November she was able to begin a new job at Pennsylvania Hospital. She is training there to work with patients requiring constant care.

Mr. Westphal did well on his first exam despite his concern for his wife's health. His performance on the second exam was, however, even better. "The improvement," he claims, "is due to my having Diane back. In part, too," he explains, "I improved because I thrive on competition. I strive to better my own performances." Mr. Westphal is enjoying his medical studies at Jefferson; he says, "I like concrete subject matter and concrete tests like Jefferson's exams, and I prefer too," he adds, "the objective evaluation of a number or letter grade. I simply turn into a slouch if I'm performing in a pass/fail situation," he confesses.

Actually, it is difficult to imagine the persevering Mr. Westphal being a slouch in any endeavor. Nothing attests to his tenacity as much as his efforts to get into medical school. "It all started paradoxically," he says, "when I accelerated my undergraduate education. I pushed through courses so I could graduate early from Franklin and Marshall. I figured that I'd have six months to work at a hospital so that I could get some practical experience before entering medical school the following September. Well," he pauses, "that September took two and a half years to arrive. The first two years I applied, I didn't get in," he says matter-of-factly.

"After I was rejected the first time," he says, "I decided to improve the way I

looked on paper. I took several courses in chemistry and psychology, and I prepared for and retook the MCAT's. I had the job as an orderly, and I thought the practical experience would help my application. Because I was working in Lancaster, I was able to change from a New Jersey to a Pennsylvania resident. It helps," Westphal interjects, "to reside in a state when you are applying to its schools because funding is tied into the number of students who are residents. Although I really want to practice medicine in the Lancaster area, I don't think altering my residency status helped the application because it looked that first year as if my motives were spurious.

Then, too," he recalls, "I tried to improve my style of interviewing. I considered carefully questions I might be asked." Recalling the experience of his first interview at a medical school, he describes himself dressed up in a new navy blue, three piece suit. "I tried to look responsible," he says. "I walked into the room and saw my interviewer in red suspenders and a khaki work outfit; he had a flowing, red beard. Was I ever caught off balance," he exclaims; "I simply never dreamed of being interviewed by someone who dressed so casually.

Having done all these things, I still didn't get in anywhere. I began," Westphal says, "to feel resentful—not at the Admissions Committees, but at what I assumed was a cultural fabrication. All my life people said if you worked hard and deferred gratification, you would be rewarded. After that second go-around, I felt I had been deceived." He stops his story to reflect, "It's funny, though, because it all did work out.

Moreover," he adds, "I gained so much in those two and a half years I waited to get into medical school. I learned much about myself, discovered an area in Lancaster where I want to practice, made many good friends, and found Diane. I met her a year and a half before we got married. The relationship grew," he comments, "while I was coming out of a bad time trying to cope with my reaction to being rejected from medical school. My last year, I was promoted to ambulance attendant; I really appreciated the opportunity to study and apply emergency procedures."

Although enjoying the ambulance work, Mr. Westphal speaks highly of the experience he received as an orderly. He thinks that anyone considering a career in medicine would do well to get such training. "First," he explains, "the job enables someone to see how hard physicians work. It's important," he thinks, "for people not to have any glamorous illusions about the profession. It's tough," he says, "to be pleasant constantly to patients despite your own feelings." He remembers how intrigued he was with the evolution of the personalities of younger physicians. Aside from providing a ringside seat for observing the people one intends to become, his experience as an orderly gave Mr. Westphal much practical information. He has an idea what the different specialties are; he is familiar with medical terminology; and he can better understand how the knowledge in his basic science courses applies. More than anything else, working as an orderly reinforced his desire to be a physician. The experi-

ence helped to sustain his nerve in the face of rejection so that he was able to go on to make a third, successful attempt.

Although he now realizes that his motivation to be a physician was somewhat vague before his work at Lancaster General, he traces the genesis of his desire back to his interactions with his family's physician. He says, "I wanted to make people feel the way I felt when I went to my family doctor." He explains that his family had much involvement with physicians, and hence he had ample opportunity to observe and admire members of the profession. His younger brother died as a result of a car accident when Thomas was nine. His mother was pregnant when her son died, and although no cause and effect relationship can be asserted, the child was later born with widespread deficiencies. The little girl died three and a half years later. He speaks quietly of the troubles his family had as they tried to cope with the deaths. Clearly, the family physician who exerted an ameliora-

tive influence in a difficult situation became for Thomas someone to emulate.

Because he likes to work creatively with his hands, Mr. Westphal is considering a surgical specialty. He has his eye especially on orthopaedics which he characterizes as "human carpentry." Such a designation might seem pejorative from someone who does not have Westphal's reverence for the craft.

Whether or not Mr. Westphal's specialty will eventually enable him to make professional use of the various skills his hobbies have nurtured, it is probable that he will have to find some outlet for the desire to express himself manually. The need for such an outlet may be more acute during the first half of medical school, which is primarily an intellectual enterprise, than in the latter years. There is some question too of whether becoming a physician means giving up the hobbies, at least for awhile. One wonders if the "Sovereign of the Seas" (Westphal's little, wooden ship) will soon be fully rigged.

In Search of Balance, Michael Cairns Envisions Humanistic Perspective As the Complement Of Academic Achievement

When Michael Cairns was a junior at Dartmouth, an old friend came to visit him. The friend who earlier had been a government and English major at Dartmouth had also taken pre-med courses; at the time of the visit, the friend was a sophomore in medical school. Mr. Cairns recalls that he looked forward to the visit because he wanted to discuss ideas provoked by a course on the existentialism of some modern French novelists. But the pathology his friend talked about had nothing to do with Camus' *The Plague*. It wasn't his old friend's absorption in medical school subjects that disconcerted Michael Cairns, but the young man's complete lack of insight into the fact that he had changed. Mr. Cairns explains that his friend hadn't realized that a year and a half at medical school had driven from his consciousness all the interests which only shortly before had been part of his identity. The episode functions very much like a parable for Michael. "The danger is," as Mr. Cairns sees it, "that a

medical student will lose parts of himself that he values."

What should be particularly interesting about Michael Cairns' progress through Jefferson is his attempt to maintain his wide ranging interests while focussing most of his attention on medical studies. He explains that he chose Jefferson because it seemed to offer more opportunity for intellectual recreation than other medical schools he considered attending. A resident of the Wilmington suburbs, he applied through the Delaware Program. He recalls, "I was impressed with Jefferson when I took the tour associated with the interview. The Jefferson students who guided my group through the campus told us that if we wanted to study during all of our waking hours, Jefferson's faculty would provide us with ample material, but if we wanted to set up reasonable study schedules that would enable us to reserve time for other pursuits, Jefferson's program would enable us to do that too. Since," Mr. Cairns notes, "the students themselves sketched the alternatives, the possibility of a reasonable and balanced approach to medical school

seemed credible and attractive."

After a few months of medical school, Mr. Cairns does not feel too weighted down by biochemistry toms to carry a copy of Faulkner's *Light in August* under his arm. He has found that the idiosyncratic characters of Faulkner's mythical Jefferson County counterbalance well the regularity of interaction presupposed by biochemistry at Jefferson Medical College. He speaks in terms of being "refreshed." "I think I can study more effectively after I've relaxed by reading a novel or writing music. I tend to relax by being engrossed."

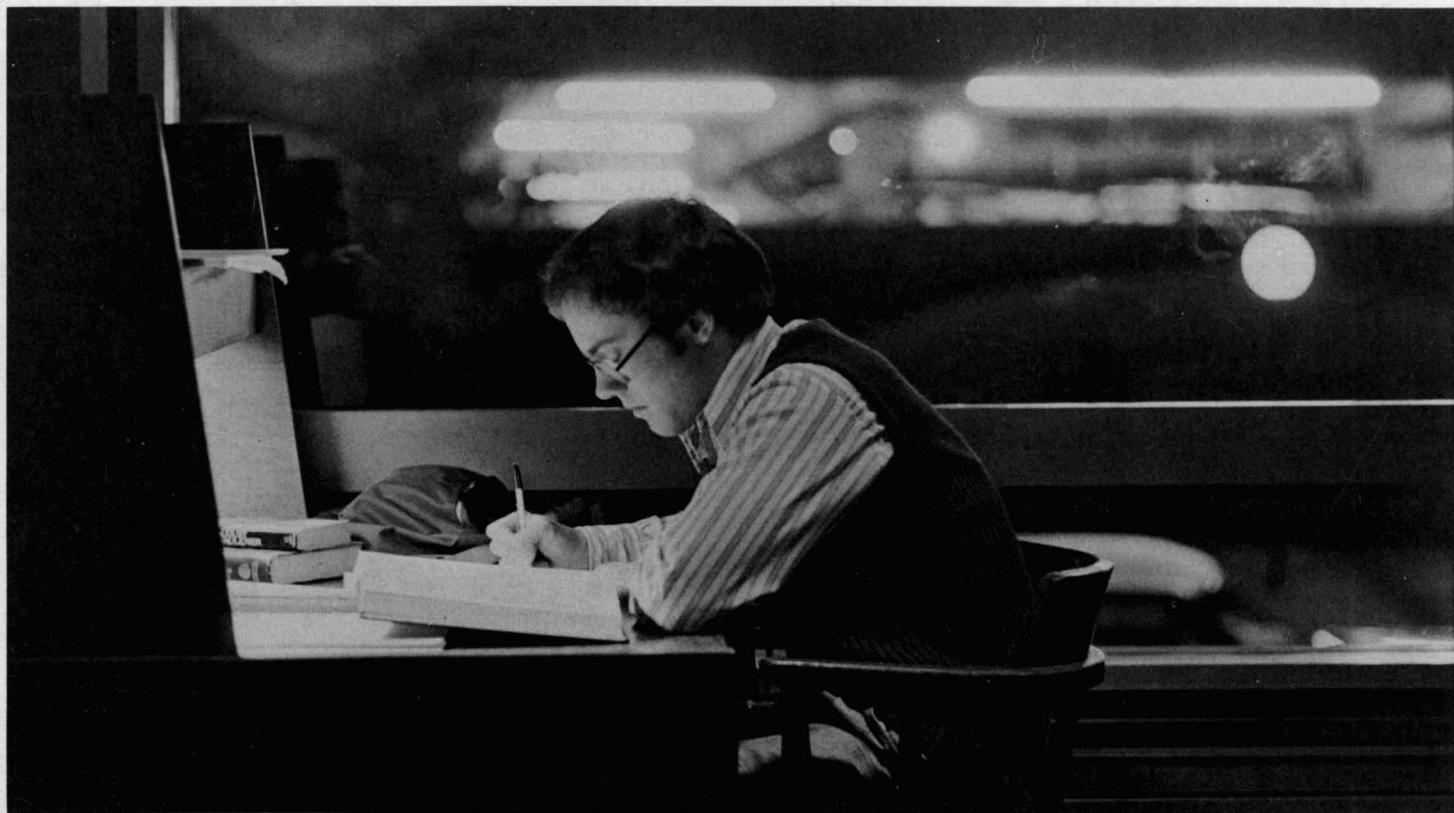
Certainly, his major recreational activity of composing orchestral works demands a focussed attention. Because he had learned to play clarinet and oboe and not piano, he was at a disadvantage when he first started to compose because he hadn't been trained to think simultaneously in terms of both melodic line and harmony. He purchased the scores for classical pieces in his parents' record collection and began to grasp the patterns which are the crux of musical composition. He explains with a rueful smile, "My skills are rudimentary; so

much so that I was a little embarrassed at Opening Exercises when President Bluemle mentioned my composing among the notable activities of the Class of 1981.

It was just something," he says, "that I learned to do for intellectual satisfaction. I prefer the loosely lyric mode of the Russian nationals to the formal structures of a sonata or symphony. The latter," he adds, "requires a level of composition more sophisticated than mine."

The attraction music has for Mr. Cairns is similar to that exerted by one of his undergraduate majors—mathematics. He comments that, "mathematics can invoke an aesthetic response not too far from that of music." He speaks movingly of "finally coming up with a theorem which ties things together or 'harmonizes' a series of intricate relationships."

In addition to math, Mr. Cairns also majored in French. He took, of course, the pre-med credits which made successful application to medical school possible; but he did not major in biology or chemistry. "Since," he explains, "I knew I wanted to be a doctor when I



Michael Cairns in the Study Lounge, Jefferson Alumni Hall

entered college, I realized there would be much opportunity later in medical school to pursue health sciences so I determined to get a broad education at Dartmouth. I am," Cairns says, "committed to the concept of a liberal education. As I see it, each field presents a student with its own distinctive forms of expression. Those forms," he continues, "can be applied to other fields. That's one way, I believe, creative insights are nurtured. For example," he specifies, "one modern French novelist is also an engineer and accordingly his metaphors have a mathematical cast. The conflation of his two viewpoints gives rise to a startlingly provocative idiom."

When asked whether his synthesizing curiosity might weary as it roams over the bulky data of the basic sciences, Cairns explains, "I have every intention of fighting the tendency to relinquish myself intellectually to any institution. If I did that, if I slavishly processed information without trying to understand it, then I would be just memorizing. What would happen after that?" he asks. "I suspect I wouldn't study after I left the classroom setting. I feel that I have a personal obligation to instill an intellectual love of my subject matters. If I do that, my continuing to study later in life will be assured."

So far Michael Cairns is pleased with his decision to attend Jefferson. He prefers that the institution decide what courses he should take. "I haven't the maturity in the health sciences that would enable me to design my own curriculum. Since I haven't a basis for choosing among courses, I would rather not have the choice." He likes too the structured format within Jefferson's courses with their specific learning objectives defined in terms of tests. "More open ended courses with a research orientation have," he contends, "much vaguer objectives which encourage a more exploratory approach to learning. That tentativeness can make a beginner anxious because he can't be sure his time's well spent."

Michael Cairns' feelings about choosing a specialty are the same as his feelings toward selecting courses—he just doesn't know enough to decide. Surprisingly, however, despite his cosmopoli-

tan interests, he does lean toward the practice of family medicine in a rural area. When asked about the reason for his preference, he explains, "My family moved from the Wilmington suburbs to rural Ohio for my high school years. I really liked the people in Ohio and would welcome an opportunity to practice in a similar locale. When I went to Ohio," he adds, "my interests were almost exclusively academic. There I had to become more social and to participate in sports; otherwise I would have been an outcast. I am grateful for the experience which pushed me to broaden my interests."

Asked if the Delaware Program obligates him to residencies in specified areas, he replies, "During my last two years in medical school, I have to do some rotations through the Wilmington Medical Center; but my preference for family medicine is not tied into my being admitted through the Delaware Program."

He adds that his father, Assistant Director of Design for Dupont, has expressed reservations about his son's practicing in the country. "My father," Mr. Cairns explains, "grew up in the Boston suburbs and spent most of his adult life in the outskirts of Wilmington. He likes the suburbs. I caught the rural flavor in Ohio while I was young enough to be impressed." Not only are his parents chagrined over his preferred locale, they are also somewhat startled at their children's career choices. Both parents sicken at the sight of blood, and both of their children have chosen health professions. Mr. Cairns' sister intends to study nursing.

When asked why he selected medicine, Mr. Cairns explains that initially he was motivated by the physician's image as it is portrayed by society. As he was finishing up his first year in college and consequently scheduling for the next academic year a difficult series of chemistry courses, he decided that he needed some firsthand information to test his commitment. He got a job as an orderly for the summer at the Wilmington Medical Center. His experience confirmed his inclination. "I felt I could get similar intellectual stimulation from law or business, but the emotional satisfaction of helping patients decided me

emphatically in favor of medicine."

Twice during the interview, the generally cool and gentle Cairns grew somewhat excited as he sought to express himself. The first time involved his attempt to describe the positive feelings his orderly experience stimulated. The second instance concerned his attitudes toward medical controversies. Even when he was demonstrably affected, it was evident from his hesitations that he carefully selects words to convey his position accurately.

The moral issues associated with euthanasia and abortion trouble him; "those are," he observes, "problematic areas that eventually will involve me directly." He says, too, that he feels "obligated to help a patient 'at all costs;'" he emphasizes that last three words by pronouncing them slowly. "I cannot now handle the problem," he explains, "of a trade-off between quality of life and cost of medical care. My present inclination is to consider the problem of expensive health facilities as relative to what else the money would be spent on, rather than as an absolute cost. If, for instance, the money is not allocated for health care, will it then be spent on a new bomber? We must ask ourselves which is more important."

Responding to the observation that his broad background well equips him to think through such issues, he expresses regret that prospective medical students are not urged to pursue undergraduate subjects which would enable them more readily to puzzle out the implications of controversial stances. "With the abolition of the general knowledge section on the MCAT's, there are no checks and balances on a student's intellectual maturity viewed from a broad perspective."

Then the fair-minded Cairns remembers a "Doonesbury" cartoon a good friend gave him. The cartoon, now posted on his door, pictures a humanist haranguing a traditional pre-med on his limited repertoire of biochem courses. The pre-med counters by mimicking an interaction with a patient, "'Good morning, Mr. Jones! You've got acute cerebral hemorrhaging! Care to discuss Faulkner?'" "It's all relative," Michael Cairns observes.

From Abu Dhabi, Scott Kennedy Follows his Father to Jefferson

"I write a lot of letters," Scott Kennedy says. "I like to study in the library, but write letters in my room." Mr. Kennedy's room is in Jefferson's Nu Sigma Nu fraternity. Two beautifully woven prayer rugs flank the doorway near his desk where books in Arabic are stacked with texts on medicine. Above the doorway, between the blue, silk rugs hangs a poster of Sheik Zaid Ben Sultan, ruler of Abu Dhabi. The rugs, poster and books suggest why Mr. Kennedy corresponds more than most students. For years, letters have been the primary means of communicating with family and friends in the Middle East and throughout the United States.

After a few minutes of conversation, it is evident that his geographical saga is so complicated that he needs to introduce chronological order. "To begin with," he says, "I was born in California. By the time I was two, my parents were in Iraq through the aegis of the Evangelical Alliance Mission. The Mission," he explains, "is an inter-denominational, Protestant organization." His parents, both general practitioners, attended medical school in Philadelphia. His father, Burwell M. Kennedy, M.D. is an alumnus of Jefferson's Class of '52; his mother, Marian Chace Kennedy, M.D. graduated from Medical College of Pennsylvania (formerly Woman's Medical College) in the same year. A husband and wife team is, Mr. Kennedy notes, ideally suited for the practice of medicine in the Middle East because of the strong Arabic tradition of segregating the sexes.

Although too young to remember the family's exodus from Iraq, Mr. Kennedy has heard the tale from his parents. Because of strong anti-American reaction

following the assassination of the country's leader, the Kennedys were given 24 hours to leave Iraq. Abandoning most possessions, they fled to Beirut, Lebanon, where Scott's younger brother and sister were eventually born. After spending another year working in a tuberculosis sanatorium outside of Bethlehem, the family next responded to Sheik Zaid's call for physicians to start a hospital in Abu Dhabi.

In Arabic, "Abu Dhabi" means "father of the gazelle." Mr. Kennedy, who has taped a map to the wall above his desk in order to instruct geographically myopic Americans, points to the Persian Gulf side of the Arabian peninsula and to the cluster of tiny countries which comprise the United Arab Emirates. Abu Dhabi is one of them. After Mr. Kennedy's parents established a hospital there, the principal inhabitants—bedouins—learned that under their principal geographic feature—sand dunes—lay much oil. From that resource, the Sheik, who invited the Kennedys to his country in 1960, now grosses approximately \$13 million a day.

When the Kennedys arrived, however, there were no hospitals and little Western-style medical care in a country the size of Virginia. Scott's parents were the first M.D.'s to practice there. "They had to adapt methods of treatment," Mr. Kennedy recalls, "to the demands of the situation. They had to see a lot of patients; people would start to line up early in the morning at the Oasis Hospital. Infant mortality was very high. Although modern medicines were readily accepted by most, my parents still had to counteract age-old traditions. Common remedies for diseases of all sorts included camel's urine, hot irons, herbs and reli-

gious rituals." Mr. Kennedy who likes and deeply respects the Arabs, among whom he was raised, gently counsels Americans against reacting superficially to Arab customs. When Mr. Kennedy talks of such matters, it doesn't seem adequate to describe his stance as "tolerant" because he makes no effort "to tolerate" anything. From having grown up among different nationalities, he simply accepts people on their own terms.

Since the patient load at Oasis Hospital was so heavy, Mr. Kennedy would occasionally assist his father with general surgery. Although such an opportunity would not be possible in the United States, it certainly provided him with some valuable experience to determine how he felt about going into medicine. He says, though, that his parents never tried to direct him towards medicine. In fact, he recalls occasions when they suggested other careers. He pursued pre-med studies at Wheaton College in Illinois, but considered diplomacy as an alternative. He reflects, though, that he may someday be able to combine medicine with his avid interest in world affairs.

One thing, in fact, that Scott Kennedy does have difficulty understanding is the average American's comparative lack of interest in world affairs. Even after four years of college in the States, he is still startled when people fail to recognize the name of India's Prime Minister. It's not the dearth of concrete information that surprises Mr. Kennedy, but what he perceives to be the general apathy. He hopes to continue reading the *Christian Science Monitor* while he is in medical school to keep up with the world affairs on which he is now so well versed. Speculating that the attitude of fellow students will become increasingly insular as they are absorbed by their studies, Mr. Kennedy wonders how he in turn will be affected by the experience of narrowed focus and subsequent isolation.

Although depending on newspapers for intellectual perspective, Scott Kennedy finds that sports provide a good means for renewing himself after an overdose of biochem or anatomy. Athletic Director at Nu Sigma Nu, he is happy that his fraternity's soccer team defeated the favored Phi Alpha Sigma in

a match that determined who would take the inter-fraternity cup. Although the fraternity did not do as well in football, Mr. Kennedy played on that team too. Philadelphia's climate does not provide conditions that favor two of his favorite sports—snorkeling and dune saucering. The latter activity is an adaptation of saucering in the snow. A person seated in a large disk pulled by a Landover maneuvers on the roller coaster terrain of sand dunes. "It takes some skill," Mr. Kennedy explains, "to differentiate between hard and soft sand."

Mr. Kennedy's fondness for outdoor activities makes him feel as at home in California as in Abu Dhabi. Since his parents returned every few years to California to practice for awhile, Mr. Kennedy's legal residence is in that state. He has spent nine years in the States and 13 abroad. His easy-going mannerisms and informal dress distinguish him slightly from the majority of Jefferson students who are from the East Coast. Mr. Kennedy is himself surprised at the difference in life styles between the two coasts. He explains that his four years at college in Illinois prepared him for the studious environs of Jefferson. "I really suffered during my first winter in Illinois," he recalls. "Though I still don't

like winters, I think the cold encourages people to study more than they might in a balmy climate. I, at least, got more work done in Illinois than in California."

But the work at Jefferson he has found more rewarding than that he did as an undergraduate in Illinois. "I am relieved," he comments, "at last to be involved in my vocational studies. Now I am motivated to become a good doctor. Before, I was trying to get into medical school. Since I value my present goal more highly, I find myself more drawn to my work."

Mr. Kennedy is especially enthusiastic toward Jefferson's curriculum. "I have appreciated," he says, "getting acclimated with biochemistry before moving on to anatomy." He praises too Jefferson's preparation of students for the National Boards. "We have to learn the material, and we have to take the exams. Jefferson," he observes, "makes the two goals complementary."

Jefferson's curriculum and approach to the Boards were not as much a mystery to Mr. Kennedy as to other first year students because his sister Kathleen told him what to expect. She is in her junior year at Jefferson. Another sister is majoring in literature at Berkeley; while Scott's younger brother, an under-

graduate at Wheaton, is considering medical school. Two members of the family are in college; two, in medical school. "The expense," Mr. Kennedy comments, "is enormous." His parents have had to give up for awhile their work with the Evangelical Mission so that they can earn tuitions. They now practice under contract in Tabuk, Saudi Arabia.

It isn't the first time schooling has forced great geographical separations. Because Abu Dhabi had no appropriate schools for an American, Mr. Kennedy had to go to Nasik, India, for four years of elementary education. When the political environment in India was hostile to Americans, he attended school for three years in Murree, Pakistan. Located in the Himalayas, Murree is 7,000 feet above sea level. Because the family has been apart so much, its members, Mr. Kennedy says, "make special efforts to be close to one another." In fact, of the five students interviewed by the JAB, Mr. Kennedy, who has spent the least time with his family, seemed most aware of their influence and support. In part, being at Jefferson, where his father went to school, and in Philadelphia, where his parents met, invokes a sense of family tradition for a young man with an unusual upbringing.



*Scott Kennedy's
room at Jeff's
Nu Sigma Nu*

Students Learn Outside the Curriculum

In many ways, medical school functions as a microcosm of the medical profession. It provides students with a controlled world so that they can systematically learn and practice the activities of their subsequent careers. Doubtless, the bulk of these activities takes place in classrooms or beside clinicians, but students at JMC also prepare for their profession by participating in organizations analogous to the societies they will later join to support their work.

AMSA and Student Council give Jefferson students an opportunity to become involved in the politics associated with medicine. Through membership in these organizations, students engage in political processes from a new, professional viewpoint. In general, members of the American Medical Student Association feel that the organization provides them with a broader political and social context for their studies at Jefferson. On page 26, AMSA's aims and activities are discussed in an article by David Gastfriend '80, the current President. Student Council focusses on issues within the Medical College community. Gary Flashner '80 surveys the varied activities of this organization; his article is on page 25.

Perhaps the student organizations with the most striking professional counterparts are Jefferson's five specialty societies. These five groups anticipate the role the specialty Colleges play in a physician's career. Mostly through monthly meetings and lectures, the societies give students interested in a given specialty up-to-date information about advances in the field, the life style of practitioners and the logistics for obtaining a residency.

hare

The oldest and most prestigious professional society at Jefferson is the

Hobart Amory Hare Honor Medical Society. Membership is restricted to juniors and seniors. Those interested in internal medicine apply to join; members are then selected. The degree of selectivity varies with the degree of interest in internal medicine. Approximately 60 students belong to Hare; the number is generally composed equally of juniors and seniors.

The Society was founded to honor Dr. Hobart Amory Hare, who assumed the Chair of Therapeutics and Materia Medica at Jefferson in 1891. He held the Chair for 40 years. He was especially noted as a teacher; his authoritative text on the practice of clinical medicine went through 21 editions, indicating the extraordinary impact his approaches had on a generation of American physicians. While at Jefferson, Hare was also for a time President of the College of Physicians of Philadelphia.

Formed when Hare came to Jefferson, the Society gives a series of monthly lectures on topics of interest to internists. One such speaker was Dr. Richard Gorlin whose lecture on "A Rational Approach to the Treatment of Coronary Artery Disease" was a preview of a book Gorlin published a few months later. In addition to speakers, the Society holds educational, social functions. Recently, for instance, members and their spouses were invited to converse with Jefferson's new President for an evening. Every spring the Society holds a banquet at which a nationally known internist is honored. Last year, Nobel Prize winner Baruch Blumberg attended.

But the best known of Hare social events has seemingly little to do with education, the Raft Debate. Once a year an internist, a gynecologist/obstetrician and a surgeon vie for the raft which will hold only one survivor of a shipwreck. Hare Society President Stephen Kramer '78 calls the fracas "the Society's carni-

val night. Nobody knows," Kramer explains, "where the idea for the Debate originated." Although, like many ancient traditions, the Debate has obscure beginnings, the attendance and interest the affair now generates promise a secure future.

Kramer says that the Society is considering setting up some programs to extend the organization's activities. Since Hare Society speakers are generally well-known in their respective fields, Hare members are thinking of taping lectures and making the tapes available to students through the library. Another idea the Society is contemplating is a liaison service with other medical schools which would enable Jefferson students seeking residencies in other cities to be housed and counselled by medical students in those cities. The agreement would, of course, be reciprocal.

sims

The second oldest professional society at Jefferson is the J. Marion Sims Society. Unlike the Hare Society, Sims is open for membership to any Jefferson student regardless of his year of medical school. The Society was formed to help students explore their interest in obstetrics/gynecology. In keeping with the Society's objective, one monthly meeting, explains President Norman G. Rosenblum '78, presents the views of physicians involved in the selection of residents. As President, Rosenblum has tried to design Sims' lecture series such that students will be exposed to areas of concern in the sub-specialties of ob/gyn. One recent meeting featured, for instance, Jefferson's Dr. Barry B. Goldberg, Professor of Radiology, who explained the diagnostic role of ultrasound in relation to ob/gyn. The society's faculty advisor, Dr. Warren R. Lang '43, Associate Professor of Pathology and Professor of Obstetrics and Gynecology, spoke last fall on the "Cytology of the Female from Birth to Death." Although the membership is small (approximately 25 students are formal members), lectures by such men as Goldberg and Lang are generally well-attended. Rosenblum explains that the lectures are publicized; hence specialists from Jef-

erson and affiliate hospitals as well as students who are not members come to the meetings.

Area specialists in ob/gyn are again invited to join members at the annual banquet which has featured such prominent researchers as Masters and Johnson. The advantage of inviting practitioners with loose ties to Jefferson is that students are given an opportunity to meet and converse with specialists functioning in a non-academic atmosphere. Rosenblum, in fact, would like to see the society set up and manage a summer preceptorship program with area obstetrician/gynecologists so that students can more fully explore their interest.

James Marion Sims, for whom the Society is named, graduated from Jefferson in 1835. To Sims, medicine owes the concept for a specialty focussing on the health of women. Sims, whose work was widely known in Europe as well as America, set up the first gynecological hospital, introduced an examination position (since named for him) and invented instruments for his pioneering gynecological operations. He was especially noted for his surgical work on vesicovaginal fistula.

gibbon

Like Hare and Sims, Jefferson's surgical society commemorates the College's tie to a famous practitioner in the field—Dr. John H. Gibbon, Jr., '27, who developed the heart-lung machine and performed the first successful open-heart surgery at Jefferson. Founded in 1968, the Gibbon Society presents speakers on varied surgical topics. President Gregg E. Cregan '78 says that the Society likes to feature speakers on controversial topics. If possible, the Society will try to have speakers representing both sides of a controversy. Rather than lectures, the monthly meetings would take on the format of a debate. At least one meeting explores the problems of finding a surgical residency. Gibbon like Hare and Sims has an annual dinner meeting featuring a particularly well-known speaker.

Talking to Mr. Cregan reveals that the Society generally prefers to operate

in an informal manner. They get the job done—speakers presented, banquet held, residencies explored—but without the sense of protocol that surrounds Hare activities. Asked if he thought the different vintages of the two societies accounted for their different styles, Mr. Cregan speculated that the temperaments of the members could also explain their distinctive approaches.

psychiatry forum

The newest professional society is the Jefferson Psychiatry Forum. The organization was created last spring to assist students considering a career in psychiatry. At first the group consisted of a few seniors who met to discuss their mutual interests. It then expanded into a formal organization admitting voting members from all four years of medical school. Anyone in the University with an interest in psychiatry is invited to attend meetings. So far, Chairperson Marc J. Finder '78 reports that the membership is small but active. Meetings consist of a speaker's presentation followed by informal discussion. By speaking at the December meeting, Mr. Finder hopes to start a tradition whereby the Chairperson is obliged to give a presentation.

Like the other three societies, the Psychiatry Forum organizes one meeting to help with the search for residencies. They hope to have upperclassmen lead a panel discussion each spring to advise sophomores and juniors on practical steps towards psychiatry residencies. When asked if he had any other plans for the fledgling organization, Mr. Finder said that his primary concern was simply to keep the Forum going.

family medicine

Founded in the seventies when primary care became a focus for concern throughout the medical profession, the Family Physicians' Society owes its beginnings to a student need to find out more about specialties dealing with front line patient care. Although the society is comparatively new, it is one of the oldest and largest such organizations

in the state. Since its inception at Jefferson it has been vigorously backed by the state society. Active student participation is the result not only of increased preference for primary care specialties, but also of the Society's expressed interest in recruiting freshmen. Every year Family Physicians holds a cocktail party in the fall to introduce first year students to the concepts of family medicine and to stimulate a mingling of students and faculty.

According to President Frank J. Yohe '78, Family Physicians' monthly programs are designed to appeal to the Jefferson community at large although the speaker's orientation will be towards primary care. For instance, Yohe explains, a speaker on diabetes might discuss, in addition to treatment, the relation of the condition to the patient's family. The Society is especially interested in enlisting speakers who can give prospective practitioners an idea of what medicine is like in small communities.

Again, as with the other societies, Family Physicians attempts to devote at least one meeting to the student's search for residencies. One year the organization addressed the problem from the viewpoint of characterizing types of medicine—primary, sub-specialty or tertiary, academic or research. Another year they approached the problem by exploring the specialties of primary care. They have had speakers from the Armed Service Organizations and the Public Health Service—all in an attempt to give students an idea of options available to primary care specialists.

In addition to the five professional societies, three other organizations support scholastic life at Jefferson. Members of the St. George Medical Cancer Society come from all of Philadelphia's medical schools. Meetings held at a different school each month focus on clinical and experimental oncology. Jefferson also has a chapter of Sigma Xi, the Scientific Research Society of North America. Finally, dominating the category of scholastic life, there is AOA. Faculty advisor, Dr. Gonzalo E. Aponte '52, Chairman of the Department of Pathology, discusses the operation of this prestigious honorary in the following article.

alpha omega alpha

Alpha Omega Alpha, academic analogue of Phi Beta Kappa and Sigma Xi, was established on August 25, 1902, by William Webster Root and five other medical students at the College of Physicians and Surgeons in Chicago (later University of Illinois School of Medicine) to foster honesty and formulate higher ideals of scholastic achievement, and in protest of "a condition which associated the name of medical student with rowdyism, boorishness, immorality and low education ideals." It was a commendable and welcome cry for excellence at a time when the academic standards in American medical schools were primitive and in dire need of revision. Of the nearly 25,000 medical students enrolled in 1900, no more than 15% held baccalaureate degrees. The requirement for admission in most schools was a high school diploma "or its equivalent," and the latter qualification was interpreted very liberally.

The Flexner Report changed much of that. William Root was always proud to emphasize that the protest and cry for excellence arose entirely from students, not one member of the faculty having been consulted prior to the decision. The group was chartered as a fraternity the last day in January of 1903. Thirty-one years later the name was changed to Honor Medical Society. AOA quickly grew into a tower of academic strength, which it has remained in the intervening years. There is no other honor national medical society in the world.

The Chapter at Jefferson (Pennsylvania Alpha), the fifth oldest in the country, was founded in 1903 and this year celebrates its seventy-fifth birthday. There are 105 national Chapters in the 117 medical schools currently in existence, and most of them are active. The constitution of the Society limits the maximal number of medical students that can be chosen but does not dictate rules for their selection.

At Jefferson, multiple criteria are used including academic rank, recommendations by faculty and classmates, and outstanding performance in research (basic or applied) or in any aspect of clinical medicine that is not re-

flected in an average or ranking. Approximately 30-40% of the members are chosen during their junior year, the rest as seniors. There is a Faculty Advisor, and another member of the faculty acts as Treasurer, but the activities of the Society are run by the medical students, who are the active members. Programs include guest lectures in the fall and spring, assistance in the teaching of freshmen and selection of Faculty and Honorary members.

A unique activity of the Jefferson Chapter is the awarding of an annual prize to a member of the House Staff at Jefferson Hospital or one of its affiliates for academic worth as well as dedication to and competence in the teaching of medical students. Regrettably, because of the rules, not everyone who is worthy can be chosen, but there is no doubt that everyone who is chosen is a worthy medical student.

Gonzalo E. Aponte, M.D.
Counsellor

student council

Since January of 1970, the student body of Jefferson Medical College has elected and operated a student-run, faculty-advised council that performs a variety of functions: (1) collection and dissemination of information concerning internships, residencies, and summer preceptorships; (2) collection and dissemination of funds for many of the academic, social and recreational student organizations; (3) sending of representatives to local, state and national conventions and meetings; (4) administration of the people in charge of the note service; (5) liaison between the student body, faculty and administration for the purpose of voicing problems perceived by students, communicating these ideas to the faculty and administration, and reporting responses and new actions back to students; (6) selection of student representatives for various committees; (7) operation of the lottery for selection of junior year clinical rotations; (8) operation of freshman orientation.

During the past several years, certain issues have been brought into the open

that have focused the eyes of the majority of the Jefferson community upon specific subcommittees and task forces within the student government. One such recent issue dealt with the opportunity of senior students to take elective rotations at hospitals not affiliated with Jefferson. Such a program allows them to experience the practice of medicine in a wide variety of settings: urban or rural; west coast, midwest, or deep south; community or academic medicine. Additionally, students can make the necessary contacts and establish relationships which may be of value in obtaining residency positions.

Jefferson allowed seniors to take advantage of these opportunities until several years ago when problems with malpractice forced the school to re-examine its insurance policies. At that time, it was decided that liability coverage would be limited only to those hospitals formally affiliated with Jefferson. Elective study at non-affiliates was permitted only if the student could document liability coverage by the receiving institution, or if he/she personally purchased his/her own insurance.

In November of 1976, Dr. William F. Kellow, Dean and Vice-President of the Medical College, addressed Student Council on this issue. Work then began to create the ad hoc Student Liability Committee, charged with the study of the situation. With Bruce Goldberg '79 as Chairman, the committee met with administration, faculty and insurance representatives.

Work continued until July, 1977 when Dean Kellow presented a letter to Student Council that was prepared for distribution to all students. The letter stated that effective September 1, 1977, seniors would be permitted to take elective courses at non-affiliated hospitals in the United States and Canada—a policy that is now consistent with the official curriculum. This change was in part brought about by extensive research into and clarification of many of the stipulations in the insurance policy of the University.

The Medical College curriculum has always been a source of concern among students, faculty and administration. In the past, there have been few formal

channels for the purpose of its review by either those teaching or those being taught. Last year, the Student Council Curriculum Committee was created to deal with such issues. The purpose of the committee was outlined by its originator and first Chairman, David Baer '79, as follows: (1) to collect relevant data about individual courses through the use of student questionnaires, (2) to analyze the data in light of the goals of the institution and the curriculum, (3) to formulate specific recommendations for correcting the differences between what "is" and what "ought to be," and (4) to act as a liaison between the students and various groups within the Medical College. This committee has finally provided a mechanism for systematic, standardized and periodic review and evaluation of the curriculum. With the help of faculty advisors, all data are compiled by computer for easier and more efficient presentation and evaluation.

In the first year of its operation, questionnaires were composed which dealt only with the major basic science courses of the curriculum. This year, the current chairperson, Susan Packer '80, and the other members plan to synthesize questionnaires for the non-basic science courses: Medicine and Society, Introduction to Clinical Medicine and the Small Group Program. In addition, increased emphasis will be placed upon discussion of data with department heads and individual faculty members.

What are some of the issues and ideas that the Student Council may be dealing with in the future? One way of gaining insight into this question would be to explore some of the ideas being brought to Council by one of the freshmen elected in November, 1977.

Stuart Gordon, class of '81, came to Jefferson with previous experience in student government work, and this background has allowed him to evaluate some current concerns of the Medical College despite his limited experience on Student Council. One recent controversy dealt with procedures outlined in the Council Constitution for election of executive officers: President, Vice-President, Secretary and Treasurer. At the present time, any member of the Medi-

cal College can run for office, but the actual voting can only be carried out by the student representatives to Council. Gordon feels that this procedure should involve a vote of the entire Medical College student body.

Another matter of current concern is that of the Honor Code. At present it has not been accepted by any of the classes in the Medical College that have discussed and voted on it (*JAB*, Fall 1977). "Few people would argue against the principle behind the Honor Code," says Gordon, "but the idea that one student should turn in another who he or she saw violating a particular rule elicits fear especially since the widely publicized problems that occurred at West Point. It will be the Council's responsibility to deal with this dilemma."

Some other forthcoming issues that he feels should be brought to the Council's attention are such things as (1) serious review and evaluation of the course Introduction to Clinical Medicine, (2) review of the calendar in order possibly to include more study time before examinations, (3) further research into the problem of low attendance at classes with special emphasis on why students feel that mandatory attendance is unacceptable, and (4) continued efforts to improve rapport among students, faculty and administration. "Through the vehicle of student government, one can produce a better spirit within the Jefferson community, and we may then realize the maximum potential within our personal and professional lives. Although it is difficult to implement this practically, we must nevertheless continue to strive toward this goal."

It is clear that the Jefferson Student Council is involved in a gamut of concerns extending from those of small recreational groups within the University to those major ethical and practical concerns of medicine that involve the entire nation. These concerns obviously cannot be dealt with properly without efficient communication among those influenced by these issues. The importance of communication and the consequences of its loss were recently emphasized in an article written by Ronald Springel '78, outgoing Student Council President, where he welcomed the re-

emergence of the *Ariel*, the University student newspaper. He states, "so much happens at Jefferson that goes unreported and unrecognized that we lost any sense of community that might otherwise be instilled." Student Council can and does contribute to this "sense of community," and many hope and believe that such a sense can be maintained and strengthened in future years.

Gary M. Flashner
Student Representative '80

amsa

People would be surprised to learn what some medical students do with their time. Studying might seem to be the only reasonable occupation of a medical student, with a few nights a month allowed for parties, movies or basketball. But more than a few students at Jefferson and elsewhere are busy in community health projects, humanistic medicine workshops or legislative affairs programs. To these students, medical school represents more than just an obligation to study.

Over twenty thousand students are dues-paying members of AMSA, receiving its monthly journal, *The New Physician*, and newspaper, *Infusion*. Each year, hundreds of delegates meet at AMSA's National Convention electing national officers and determining a platform on dozens of issues from abortion to professional ethics to national health insurance. Often, these issues provoke controversy and deliberations can be long. Delegates always approach this task seriously, however, since AMSA's official policy may be used in testimony before government agencies or Congressional subcommittees. This year, AMSA's policy on minority admissions was presented in a brief as *amicus curiae* in the Allen Bakke case before the U.S. Supreme Court.

Among its activities, student advocacy figures prominently in AMSA's national office. When new legislation made Public Health Service and Armed Forces Scholarships subject to federal income tax, AMSA quickly intervened. After several months Congress adopted an amendment exempting these grants from taxation, which was largely writ-

ten by AMSA's National Legislative Coordinator, Richard Roberts, a medical student with a law degree.

Most of AMSA's energies, however, are directed towards developing programs to expand the medical student's educational opportunities. Through the AMSA Foundation, students in all four years of medical school can participate in summer preceptorships in a variety of settings: hospitals and private offices in small cities, rural communities, Indian reservations and public clinics in the urban ghetto. Some of these programs utilize new models for health delivery, combining paramedics, nurses and future physicians in a health care team approach. All of the programs provide a living stipend of \$85 to \$100 per week.

Innovations and initiative for AMSA's programs come directly from the students. Faced with a desire for earlier clinical experience, a group at Jefferson conceived a project to involve first and second year medical students and nursing students in treating the health problems of the elderly. In a grant application for funds from the Center for Disease Control, administered through National AMSA, the students outlined a series of lectures, training sessions and community outreach visits. This unique proposal has received faculty support from the Departments of Psychiatry and Community Medicine, and academic credit will be offered to participating students.

Like any other professional organization, AMSA also provides many services

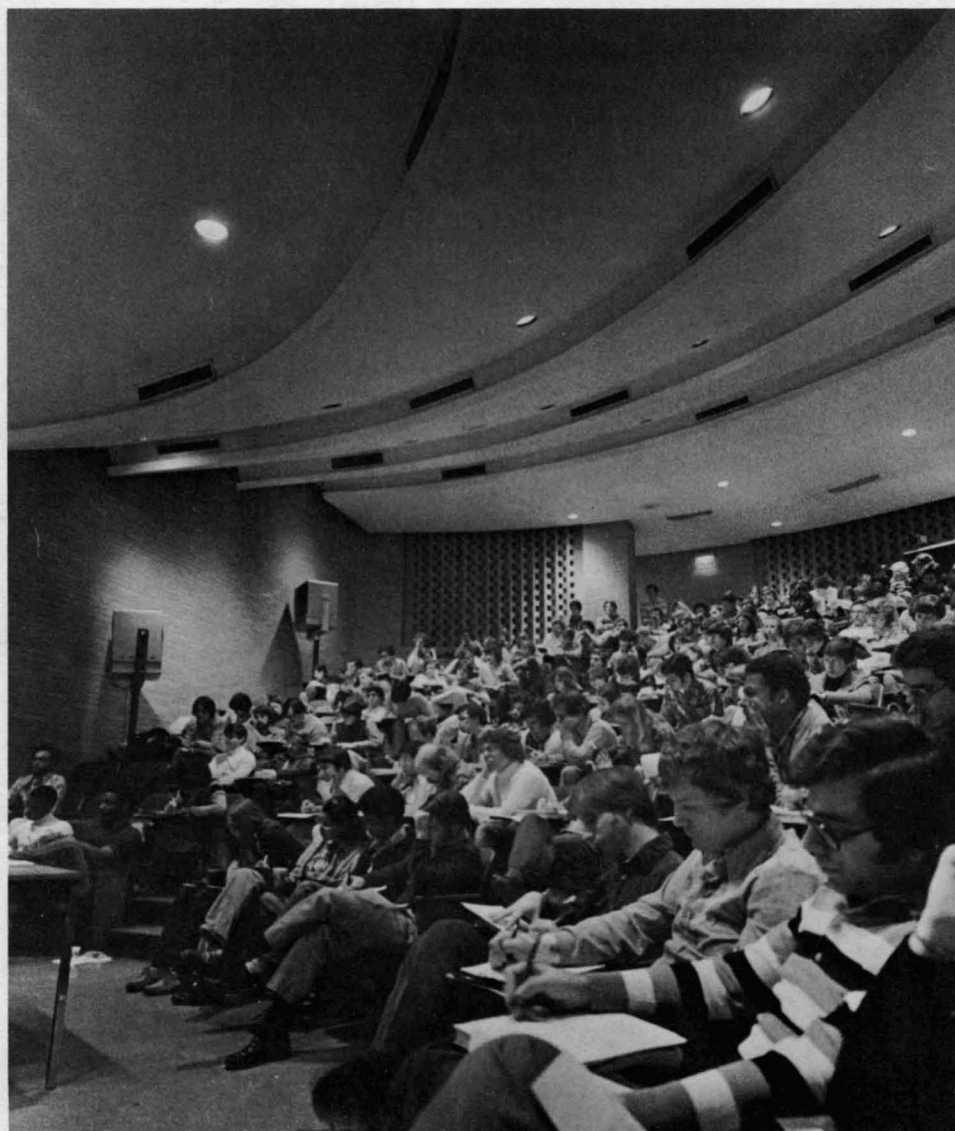
to its members, such as discounts on texts, credit card applications, voter registration and a guide to residency programs. Also available is the Myers-Briggs Type Indicator, a questionnaire examination which analyzes one's personality characteristics and compares them with others in various medical specialties. Special evening programs which have been presented at Jefferson in the past year reflect the gamut of student interests: a debate on National Health Insurance, a lecture on medical malpractice and a panel discussion during freshman orientation entitled "Survival Seminar."

In October, 1977 a fall workshop was held at Jefferson for medical students on the eastern seaboard. A variety of issues was discussed during the three day program.

During Pennsylvania's State Budget crisis, some medical students took what might be termed a crash course in state government. With the possibility of losing state aid and a \$4,400 tuition increase, the AMSA chapters in the state coordinated a group lobbying effort, teaming up with the independent colleges and the Pennsylvania Medical Society. Jefferson AMSA sent representatives to Harrisburg to meet with legislators and organized a successful letter and telephone campaign. When the crisis settled in December, the students retained their legislative information network, and developed long range plans for maintaining their input into state government.

With preceptorships, special educational projects and politics, these medical students can be a busy group. Of course, AMSA members do study also. But in the process of obtaining a medical education, they continue to be part of the larger world, keeping themselves in perspective. AMSA members have an idea of what to expect from medicine when they graduate. In pursuing an active role in medicine throughout their training, they gain an attitude that is more aware and realistic, and their four short years as medical students become four full years of professional and personal growth.

David R. Gastfriend '80
President AMSA



Humanistic Viewpoints

by Gregg P. Allen '78

In our lifetime, we have witnessed an awesome explosion of technological and scientific knowledge. Within medicine, the surge toward specialization and mechanization has produced a system capable of educating the finest doctors and medical scientists as well as creating superb facilities with the latest in computerized diagnostic equipment. In short, we can provide "the best medical care in the world." Yet, in addition to dissatisfaction over the distribution of this care, the American public is becoming even more fundamentally discontent with physicians, hospitals and conventional modes of therapy. Health professionals are being attacked for their impersonality and curtness—mannerisms the public associates with increased reliance upon the laboratory and machines to diagnose and treat the ill.

There is a sense of dissatisfaction within the profession as well. Despite our technical prowess, many diseases, defying our efforts to eradicate them, are, in fact, increasing—diseases like cancer, heart disease, hypertension and ulcers. Many young physicians are also uneasy with the cloak of self-sacrifice, omnipotence and authoritarianism they are being asked to assume. This pervading malaise is a major spin-off of the technological revolution in medicine. The exclusive pursuit of scientific, rational and reproducible principles has caused us to push aside the human aspects of illness and to lose sight of the patient as a person.

The problem in medicine seems to be a reflection of a larger social affliction—an ever widening gap between knowledge and wisdom. To what extent have our growing scientific and technological skills overwhelmed our ability to integrate them into an understanding of man which acknowledges all his needs and capacities? This question, in turn, suggests a primary challenge to the physician in the future. We must maintain a high level of technical skill and clinical competence while exercising these abilities within a humanly relevant, person-oriented framework. It is a challenge that a group of us at Jefferson, along with medical students throughout the country, feels acutely.

The Jefferson Humanistic Medicine Group had its origins at a weekend conference in April, 1976. The event was sponsored by the American Medical Student Association (AMSA) and the Institute for the Study of Humanistic Medicine which is based in San Francisco. Since its inception in 1972, the Institute, composed of an interdisciplinary team of health workers (including doctors, nurses and educators) has worked deliberately and systematically toward the operation of a scientific medicine which is humanly caring and relevant. They con-

tend that effective medicine must take into consideration not only the body of the patient, but also his feelings, mind, will, values and spirit. In short, effective medicine recognizes the patient's humanity comprehensively.

With the assistance of a grant from the Department of Health, Education and Welfare, nearly 100 students from 11 medical schools on the East coast participated in this extraordinary weekend experience. It opened for us a whole new perspective on the practice of medicine and the meaning of our own goals and expectations as future physicians. Through a well-planned and intensive program of small group discussions, psychodrama exercises and case history presentations, we were introduced to a definite method for incorporating systematically humanistic ideas into the medical setting.

Although interest among Jefferson students was very high, attendance at the conference was necessarily limited. Jefferson's was, however, the largest delegation with a contingent of 13 selected from the four classes. Since returning from the conference, our group has tried to convey and explore what we learned by meeting regularly, arranging for guest speakers and opening a dialogue with faculty and staff responsible for the medical curriculum. We have, through the publication of two bulletins, attempted to focus attention on the critical issues involved in developing a more "humanistic" medicine.

What then is "humanistic" medicine? To some, the term conveys a sense of emptiness or pretty impracticalities. Others argue that it represents anti-science and anti-intellectualism in an escape from clinical competence. These charges are certainly not true. We start from the premise that the humanistic physician is by definition technically competent. Dr. Edmund Pellegrino, Professor of Medicine at Yale and our guest speaker at Jefferson last year, underscores this point:

Without clinical craftsmanship, the physician-humanist is without authenticity. Incompetence is inhumane because it betrays the trust the patient places in the physician's capacity to help and not to harm.¹

Nor does our group claim a corner on the pursuit of a more humanistic medicine. Many individual physicians have developed a keen awareness of and facility in dealing with the human dimensions that characterize interactions with their patients. For such men, who are perhaps too scarce in hospital settings, we are grateful. Yet after our weekend with other medical students, who share our concerns, and under the dynamic tutelage of the Institute personnel, we are convinced that humanistic ideas can be incorporated early into the education of the young physician.

Mr. Allen is Coordinator of Jefferson Medical College's new Humanistic Medicine Group.

"Oh, humanistic medicine sounds great on paper . . . but isn't it simply the art of medicine? Don't these abilities rest more with the individual's own personality and personal charisma? How can you teach someone to be humanistic; how do you teach compassion, personal sensitivity?" These objections and conventional responses to them have traditionally promoted a false dichotomy between scientific examination of disease processes and the care of the patient; as Dr. George Engel, Professor of Medicine and of Psychiatry at the University of Rochester, remarks,

For centuries medicine has stubbornly clung to the view that the study of disease is a science while the care of the patient is an art. And as art is believed to be more dependent on personal qualities than on principles that can be examined and communicated, it is widely accepted that the art of medicine cannot be taught. At best it can be demonstrated by precept and example.²

Perhaps this view is simply a corollary to the dualistic, mechanistic paradigm adopted by western science, a paradigm that regards feelings, thoughts, beliefs and values as improper subjects for systematic study. Consequently, a large body of information, the wealth of human experience, is shunned by the physician as scientist. Former Associate Professor of Psychiatry at Johns Hopkins, Dr. Novey comments,

While the expressed sentiment of the scientist is that he is interested in the quantifiable and is by no means belittling the large areas that may not as yet or perhaps never will lend themselves to quantitative techniques, his actual impact has been different. A kind of arrogance tends to creep in which says that if a body of knowledge is not demonstrated by quantifiable techniques it is worth nothing.³

For the physician, this attitude represents an ironic twist since the cornerstone of medical diagnosis and care of the patient is the patient's own account of events, feelings and experiences that precede or are concurrent with illness.

Perhaps our increasing preoccupation with quantifiable facts and our neglect of this crucial body of experiential information have prompted the charge of "dehumanization" leveled at western medicine. Fortunately, the resurgence of interest in the whole person and in humanist psychologies coupled with the widespread influence of Eastern philosophy has created an atmosphere in which methods are being sought and developed for improving the affective-experiential components of learning. Techniques employed by the humanistic and transpersonal psychologies like psychodrama, role-playing, encounter groups and psychosynthesis help to remedy some of the glaring affective gaps in the traditional medical education.

At Jefferson, we have introduced some of these exercises into the Humanistic Medicine Group meetings with considerable success. Most participants in the role-playing exercises (re-enactment of actual clinical situations) are pleased with the insight into the human dynamics of the doctor-patient relationship that they derive from these activities.

Certainly, the importance of exposure to appropriate physician role models in the community cannot be underestimated. Since interactions with such people tend to be haphazard, we bring them to us for discussions on patient care, the physician's changing role and ways of establishing rapport with the patient. In particular, our group has received much support from the recently appointed Chairman of Jefferson's Psychiatry Department, Dr. Paul J. Fink. Doctor Fink shares our concerns about certain dehumanizing aspects in medical education and the need for developing a practice of medicine that is fully cognizant of the patient as a person.

Our group has attempted to stimulate members of the Jefferson community to reflect on their own assumptions. Accordingly we maintain that an examination of the humanness of the patient must follow an assessment of our own personal development. Our ability to establish a compassionate relationship with another person is based on the extent of our self-knowledge. We must continue to grow as persons, to examine our beliefs and values, our strengths and weaknesses, throughout our medical education and career. As Dr. Pellegrino observes, "Before the student can begin to feel the plight of his patient as that of a person seeking help, he must develop a fuller insight into his own developing humanity."⁴ Carl Jung has also commented on the physician's need for self-awareness, "If the doctor wants to help a human being, he must be able to accept him as he is. And he can do this in reality only when he has already seen and accepted himself as he is."⁵

For many of us a process of personal growth which accelerated in college suddenly screeched to a halt in medical school, where often a total devotion to studies, to the mastery of voluminous amounts of material, snuffs out much time and energy for self-exploration and creative self-expression through relationships with others and pursuit of hobbies, talents and athletic interests.

Idealism, compassion and inspiration fortify most medical students in the first few months or years of medical school. Unfortunately, all too common is the gradual erosion of these high ideals which are replaced largely by utilitarian perspectives. Pragmatic viewpoints are in turn fostered by an authoritarian system of learning, an overemphasis on the development of technical skills and the arrogance of "science" that denies the worth of all that cannot be felt, touched or measured.

Doctor Robert Blau, in his introduction to *Case Studies in Humanistic Medicine* traces his realization that mastery of facts and clinical competence are not enough for fulfillment as a physician. He recalls attending a farewell dinner in honor of his old mentor. After 50 years in medicine, this internationally famous neurologist, who had a reputation for being impatient with all but bare facts, concluded his valedictory remarks with the statement that he felt he knew no more at the end than at the beginning of his career. Doctor Blau remembers being both startled and troubled by that final observation. Later, when Blau became dissatisfied in his

own work, the remark seemed to epitomize a sense of discontent with medicine practiced from the point of view of "the bare facts."

To combat a reductionistic mentality, we must cultivate a willingness among physicians and health professionals to analyze critically and redefine certain traditional roles and precepts in medicine that may no longer be applicable or efficacious. Having formulated precepts that respond more fully to the human needs and capacities of our patients and ourselves, we must search for methods to transmit these ideals to future generations of health care professionals. In our discussions at Jefferson and with Philadelphia area groups, we have focussed upon three crucial areas for analysis.

First, we have examined the roles of doctor and patient in clinical settings. Traditionally, the physician is cast as the dominant, power-wielding figure who instructs, demands, advises and chides his patients. This power derives partly from historical precedent, but more importantly from the ability to heal that the patient presumes the doctor possesses. Hence, the patient assumes a role of dependency upon and submission to the will of the physician—a role which robs the patient of his most human attributes, his will, his right to act upon his beliefs and values, his self-respect and his ability to control and determine the course of his life and death. Perhaps we have all failed to see that this is a role patients are no longer willing to accept, and that may be the cause, rather than the effect, of the physician's declining prestige and respect. Because the interaction takes from the patient a sense of self-respect, the patient may come to dislike the other party to the interaction.

If, on the other hand, collaboration between the doctor and patient were a goal, those human and individualistic qualities could be used by the patient to assist in his own healing. From the perspective of this new model, the doctor seeks to aid a patient who himself has powerful resources for self-healing and growth. Certainly, the development of such an interaction does not occur in a few office visits. Also, many patients will prefer a passive, receptive role. But for those who are ready for responsibility, the experience of illness can serve to reaffirm their sense of self-respect, autonomy and control. Stuart Miller, Director of the Institute for the Study of Humanistic Medicine, observes,

Many patients seen as persons can be helped, fairly quickly, to take some responsibility for their own health, not just physical health, but the ways of living that help determine their health or disease. Therefore, the physician and nurse can be more than simple authorities, they can become educators and partners with the patient. They can empower the patient.⁶

The second area explored by Humanistic Medicine's group discussions is the medical profession's purely negative associations to disease and suffering. Generally, when people speak of illness, suffering or disease, the condition is often seen as a destructive force in an individual's life, a curse, a punishment or misfortune. Yet, for the physician to limit his view similarly and to devote himself emotionally and intel-

lectually simply to eradicating disease implies a narrow, functional view of the complete practice of medicine. Miller succinctly summarizes this issue, "But generally, the thrust of contemporary medicine is toward the destruction, obliteration, annihilation and denial of pain, disease and death. That route is not sufficiently broad to be called human."⁷

Illness can frequently provide an opportunity for personal growth. The peptic ulcer, a bout of pancreatitis or that first mild heart attack may tell us we are working, drinking or worrying too much. For many of us, times of illness afford an opportunity to look back and reassess the attitudes and life-styles that may have contributed to our illness. The confrontation with pain and suffering can also infuse meaning and direction into our lives. Dr. Naomi Remen, a pediatrician who works with the Institute, describes in the Conference Notebook a mother's reaction to saving her son from drowning. Initially, berating herself for not watching her child more closely, the mother was led by Dr. Remen to view the incident positively. Not able to swim herself, the mother rescued the child. Her recognition of her own courage led her to do other things she had feared. Thus, the averted disaster had positive ramifications as can other seemingly destructive encounters.

The third issue contemplated by Jefferson's Humanistic Medicine Group is whether we have an adequate or comprehensive definition of health? Is health simply the absence of disease? Or are there more precise methods for characterizing a given individual's optimal "state of well-being" so that we may restore and maintain that particular state?

Crisis intervention has long been the hallmark of American medicine; yet it would seem that in spite of all our technology and knowledge, the diseases peculiar to civilized countries are resistant to this mode of health care. Will it suffice simply to intervene in critical biochemical reactions so as to restore the patient to a state of well-being? What of the effect of life-styles, responses to stress and environmental influences? These multi-factorial diseases reflect human problems that do not respond curatively (definitively) to "crisis" intervention. They require more subtle, systematic analyses which entail an evaluation of all the forces at work within the individual.

We need an expanded concept of health. In our search for a comprehensive definition, we will begin to appreciate the complexity of biological, psychological, environmental and spiritual components that must be incorporated for a humanly caring and complete medicine. Finally, we need a health care professional who is willing to analyze his practice of medicine, to attend to his own personal growth and to confront the human dimensions of suffering and disease.

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- ²George Engel, "The Care of the Patient: Art or Science," *The Johns Hopkins Medical Journal*, 140 (1977), p. 222.
- ³S. Novey, "Psychoanalysis and Science," *The Johns Hopkins Medical Journal*, 140 (1977), p. 236.
- ⁴Pellegrino, p. 1289.
- ⁵Carl Jung, *Psychological Reflections*, ed. J. Jacobi, Bollington Series, 21 (Princeton, N.J., 1970), p. 90.
- ⁶Stuart Miller, "A New Humanism in Medicine," *Synthesis*, Spring (1974), pp. 69-70.
- ⁷Miller, p. 70.

class notes

1917

Henry L. Bockus, 250 S. 18th St., Philadelphia, was recipient of the 1977 Roth Associates Award at a dinner this fall for the Institute of Gastroenterology, Presbyterian-University of Pennsylvania Medical Center.

1918

James L. Fisher, 224 N. Phelps St., Youngstown, Oh., was featured in an article with photograph in the October 16 edition of the *Youngstown Vindicator*. The five column story recalled his early years in medicine there and followed him through his 57 years of practice. Among his numerous posts during his career were the Presidency of the county medical society and the editorship of the Mahoning County Medical Society Bulletin.

1920

Louis F. Burkley, Jr., 452 W. Berwick St., Easton, Pa., writes that both he and his wife are doing well and although somewhat restricted for long trips they very much enjoy visits to the Poconos with its lovely scenery and foliage.

1921

Louis S. Morgan, 3835 Country Club Rd., Long Beach, Ca., is in his 56th year of practicing medicine.

William M. Singleton, 1627 Galena Pike, West Portsmouth, Oh., at 83 is in his office every day from 10:30 A.M. to 2 P.M. In noting the tuition charge for freshmen at Jefferson he recalls that in 1917 the charge was \$300.

1922

Marshall R. Metzgar, 41 N. 7th St., Stroudsburg, Pa., made headlines in the local paper when he successfully fought off a knife wielding drug user in his office. He reported that a rough looking hippie in his early 20's pulled a ten inch stiletto on him during an examination and demanded drugs. Dr. Metzgar said, "I was as strong as he was. I walloped him one sending him to the floor. Then he got up and hit me one knocking me to the floor. If I had been ten years younger he wouldn't have gotten away with it." The robber fled with some money when he heard Mrs. Metzgar approaching from a

connecting apartment. The physician had four broken ribs. Dr. Metzgar at 81 maintains his general practice in Stroudsburg. He is a member of the Board of Trustees of Lafayette College, and the Metzgar Athletic Fields in Forks Township are named for him.

1924

William S. Dininger, 303 S. Main St., Winchester, In., retired from the practice of medicine last March.

1926

Hammell P. Shipps, 1602 Second St., Delanco, N.J., notes that although he retired from practice in September, 1976, he presently is working as Physician Coordinator of Utilization Review and Audit at Zurburg Memorial Hospital.

1928

William T. Lampe has changed his life-style with a move to center city Philadelphia at 1500 Locust Street. Following his retirement four years ago, the Lampes have done much traveling including trips to Costa Rica, Florida and the Mediterranean. "See you all in June at our 50th."

1929

Mario A. Castallo, 1621 Spruce St., Philadelphia, was interviewed in September on the Physicians Radio Network which reaches 50,000 receivers on closed circuit radio. The subject for the interview was his recently published book *A Carnation a Day*.



Dr. Waldman

class notes

1931

Edward J. Fisher, 450 W. High St., Carlisle, Pa., was interviewed by the Family Living Editor of Carlisle's *Evening Sentinel* in August for a four column spread with photo. Until World War II, Dr. Fisher was a general practitioner but following his war service he decided to train as an obstetrician/gynecologist. He was associated with the Dunham Army Hospital and the Carlisle Hospital.

1932

T. Scott Moore, 22 N. 13th St., Niles, Mi., is spending his time traveling, fishing, painting and wood carving following his recent retirement. Winters will be spent in Arizona.

August J. Podboy, 912 S. George St., York, Pa., is still enjoying his ophthalmology practice there.

1935

S. Sprigg Jacob, 421 Curtis Rd., East Lansing, Mi., has added an associate to his pediatric practice. He writes, "am already looking forward to our 45th reunion in 1980."

R. Marvel Keagy, 3510 Baker Blvd., Altoona, Pa., writes "still hanging in there with two younger associates in my practice of pediatrics."

1937

James L. Evans, Jr., 79 Glenwood Rd., Englewood, N.J., is senior active staff in the Department of Psychiatry at Englewood Hospital where he was former Chief of Service. He is a past President of the New Jersey Psychiatry Association and the New Jersey District Branch of the American Psychiatric Association.

M. Wilson Snyder, 620 Koehler Dr., Sharpsville, Pa., retired from his ophthalmology practice in April of '77.

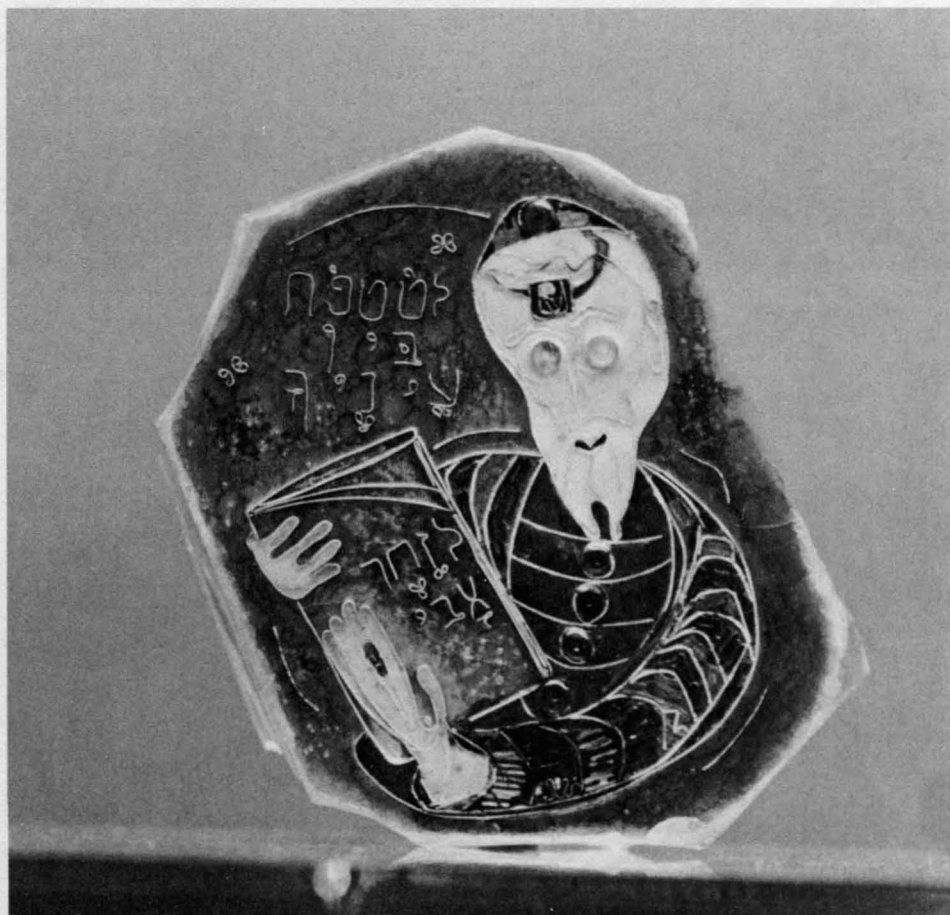
1939

Isadore C. Cohen, 1919 Chestnut St., Philadelphia, retired from his practice of internal medicine the end of last year.

1940

William A. Cappiello, 57 Rusthill Rd., Levittown, Pa., has been reelected Director

Joseph Waldman Innovates Upon Ancient Enamelling Technique



An example of Dr. Waldman's cloisonné on display at the Smithsonian Institution. The inscription, "They shall be as frontlets between your eyes" (Deut. 11:18), refers to the headpiece the figure is wearing for morning prayers.

Joseph Waldman, M.D. '30 is an artist whose medium is glass and enamel. He is, however, notably free of the affectations popularly ascribed to artistic personalities. Spare, vigorous and forthright, Dr. Waldman looks more like an Honorary Professor of Ophthalmology at Jefferson, which he is, than an expert in the exotic techniques of cloisonné. Although there may be some relationship between the desire to study the eye and the desire to create beauty apprehended visually, Dr. Waldman disclaims any overt connection between his two professions.

He explains that his interest in art dates back to the days after medical school when he met his future wife. "On weekends," he recalls, "her family, a large one, would gather in their big, old house to paint." Dr. Waldman remembers that if he wanted to see her, he saw her while she was oil painting so he simply decided to join the activity. As their styles have since developed, they differ markedly. Mrs. Waldman, who concentrates on the evocative quality of color, has done, for instance, a seascape

which is comparatively empty of figures but quite rich in blue pigments. Such a preference for expression through color has led Mrs. Waldman to experiment with abstract subjects which, she adds, "her husband does not encourage."

Dr. Waldman, on the other hand, prefers to paint in a style reminiscent of American primitivism. Details are precisely represented. The hallmark of such painting is its linear quality which promotes an outlining of shapes. With Dr. Waldman's feeling for inscribed space and detail, cloisonné—the ancient technique of enamelling on metal—afforded a natural development from his experience in oils. Not long after his first experiments with cloisonné, Dr. Waldman began to innovate. His most radical departure from traditional methods is his use of glass instead of metal as a base for the enamels.

Cloisonné is usually associated with the Orient. Although the technique seems to have originated in the Middle East at least 3000 years ago, mastery of the decorative art was achieved in China during the 16th-

18th centuries, the same period as the Chinese ascendancy in porcelain.

Basically, the process of cloisonné entails applying a metallic gridwork to an object (usually composed of copper) and filling in the grids with enamels. Dr. Waldman explains that his first step is to conceive the design or depiction and to make a sketch on paper. He then transfers the design to a glass (rather than the standard metallic) surface. A flat surface is easier to work with than a convex one although both can be used. Little metallic strips or cloisons are then laid along the lines of the design. Cloisons, about $\frac{1}{32}$ inch wide and a few hundredths of an inch thick, can be of gold, silver or copper; Dr. Waldman prefers silver. The type he uses is not affected much by heat, nor does it tarnish. Because the cloisons are so small and fragile, attaching them to the glass requires meticulous handling.

The spaces defined by the cloisons are then filled in with enamel, but "not the type of enamel," Dr. Waldman adds, "that is used to paint a shiny kitchen door." The

enamel is a vitreous coating; to a molten base of clear glass, various metallic oxides are added to obtain colors. Those mixtures, pulverized, become the enamels which are applied to the glass surface. When the object is fired, the glass softens so that the silver cloisons and enamels sink into it. Successive layers of enamel are added to fill the grid. With each additional layer of enamel, the object must again be fired. Dr. Waldman finds that his process usually requires about four firings with each one representing a potential risk that the work will break up. Then begins the long task of grinding and polishing with different kinds of abrasives. Finally, Dr. Waldman fires his cloisonné once more. While using facilities away from home for shaping, grinding and polishing the glass, he does the definitive cloisonné—enamelling and firing—at his home workshop. When asked how much time one piece takes, Dr. Waldman responds simply, "It doesn't represent time to me as much as fun." His work also is on display in the Corning Museum of Glass.

Perhaps the principle difference between working with a glass rather than a metal base is the degree of hazard the more fragile medium introduces. What Dr. Waldman gains at the price of increased risk is a translucent setting for color. The light shining through his enamelled glass gives a glowing depth to colors. It is as if Dr. Waldman arranged perspectives such that the spectator, used to seeing stained glass from outside a cathedral, were ushered within.

Although his earlier work employed Oriental motifs, Dr. Waldman has turned to the Old Testament for inspiration during the past few years. His most recent undertaking entailed depicting iconographically each of the twelve tribes of Israel on glass disks approximately six inches in diameter and one and a half inches thick. The project took over a year to complete. The disk representing the tribe of Joseph depicts the coat of many colors twice—in its initial, variegated beauty and in the red of the lamb's blood. (Joseph's brothers deceived their father about Joseph's being dead by a gory dipping of the coat which spurred their jealousy.) Dr. Waldman's plaque also portrays one of Joseph's dreams in which eleven sheaves of wheat bow to the one erect sheaf which stands for Joseph. The delicacy of execution is evinced by the tiny wire work used for the diacritical marks associated with Hebrew letters.

Some of the symbols are striking; others, somewhat abstruse to the modern eye. For example, atop the plaque representing the warlike people of Simeon are two doves skewered by arrows; blood falls in enamelled droplets that graphically frame the tribe's other emblems. Less easily decipherable to the untutored observer is the significance of the pomegranate—an ancient symbol of fertility and by extension immortal-

ity. Each tribe has its own astrological sign; Simeon's is the lion. Dr. Waldman distinguishes between canonically sanctioned symbols such as Joseph's coat and those like the astrological figures which belong to the realm of folklore. It is clear from his explanations that he thoroughly enjoys the research which provides him with models for his work in glass.

A survey of the many pieces of cloisonné in the Waldman's home in Erdenheim, Pennsylvania, indicates Dr. Waldman's penchant for innovating within the constraints of his medium. Having conceived the idea of enamelling on glass, he has added glass sprinkles to enamels on some pieces to create a grainy texture. In another, chips of glass give the rippled appearance of satin to a royal blue garment.

Dr. Waldman has also experimented with *champlevé*. *Champlevé* like cloisonné is traditionally a technique for enamelling on metal, but instead of adding grids to the metal, cells for the enamel are carved or cast. The gridwork which separates and contains the enamels emerges from the metal base itself. In order to adapt *champlevé* to glass, Dr. Waldman sandblasts the glass base. One dark blue vase, for instance, exhibits a gridwork of blue glass for pastel enamels.

Dr. Waldman does not only confine his work in sandblasting to the grids for *champlevé*. He also uses the technique to etch delicate figures. He explains that having made an initial sketch, he covers the glass with a tough tape, transfers the sketch to the tape and painstakingly cuts from the tape the designs he wants scooped out. Precision and patience are required to leave enough tape, for instance, to suggest the slender, flaring line in the midst of a garment. In a sandblasting cabinet, the glass is subjected to approximately 40 pounds of pressure per square inch. The process must be monitored carefully to get the desired depth. Dr. Waldman tends to choose birds and willowy plants as subjects for sandblasting. The result is something of a paradox—concerted force creating a fragile image.

Dr. Waldman does not confine his avocational interests to enamelling. Having learned to play the cello as a mature man, he is a member of an ensemble group as is his wife, Lillian, who plays piano and harpsichord. Dr. Waldman also experimented with Bonsai and took several ribbons at the Philadelphia Flower Show before the miniature plants became fashionable. He jogs daily to log in over 20 miles a week. All these activities are scheduled around a private ophthalmology practice. To observe that Dr. Waldman is energetic belabors the obvious.

The three children have pursued their parents' artistic interests. A daughter, Julia Rasch, resides in the Philadelphia area and plays the flute. David, a musician, lives in Tennessee; his twin sister Joanna, who teaches in Vermont, is a violinist and potter.

of Surgery at St. Mary's Hospital in Langhorne. He notes that his son, William F. Cappiello '76, is an ophthalmology resident at the University of Virginia Medical Center in Charlottesville.

1942

Vernon R. Phillips, 2440 Lincoln St., Camp Hill, Pa., writes that he is still very active in his family medicine practice.

1944S

Albert M. Falcone, 502 E. Broad St., Westfield, N.J., served as head of one of the professional divisions of the Westfield United Fund. He is a former Trustee of the Fund, a newly elected member of the Board of Trustees of the YMCA, Chairman of the Boy's Town of Italy and Director of the Kidney Fund of New Jersey.

1946

Frank C. Palmer has opened an office for general practice at 3 W. Chestnut Street, Blairsville, Pennsylvania, filling one of the town's most pressing needs: additional medical service. Dr. Palmer is on the staff of Indiana Hospital.

1947

William B. Abrams, 220 Spruce Tree Rd., Radnor, Pa., was appointed Adjunct Professor of Medicine at Jefferson.

Richard M. Sproch has been assigned to Dover Air Force Base in Dover, Delaware, as Chief of X-ray services in a unit of the Military Airlift Command. He recently completed an orientation course at Sheppard Air Force Base in Texas.

1948

Thomas R. Brooks, 917 Stuart Rd., Westover Hills, Wilmington, De., is serving as Section Chairman for Delaware for the American College of Obstetricians and Gynecologists.

1949

Robert E. T. Stark, 3008 N. 3rd St., Phoenix, Az., is one of six AMA appointees to the new Review Committee of the Liaison Committee on Continuing Medical Education. He also was appointed by the AMA Board of Trustees to the Advisory Committee on Continuing Medical Education.

1950

Frans J. Vossenbergh, 1117 Lafayette Rd., Wayne, Pa., was delighted to receive notice

that his son, **Frans A.**, has been accepted at Jefferson for the class beginning in September, 1978. The senior is at Dickinson College.

1951

Ernest F. Doherty, 219 Heritage Rd., Cherry Hill, N.J., is a commander (USPHS) in the United States Coast Guard and is serving as a Staff Medical Officer at Cape May, New Jersey. "Decided malpractice and business aspects of private practice were just too much."

Leonard S. Girsh, 1401 Melrose Ave., Philadelphia, spoke on the Preventive Management of Allergic Reactions as Applied to Dentistry in Children at the annual meeting of the American Society of Dentistry held at Children's Hospital of Philadelphia. Dr. Girsh, who received an award for work in this field, is Assistant Professor of Internal Medicine at Temple Medical School.

Victor F. Greco, E-Z Acres, R.D., Drums, Pa., has been appointed to the Advisory Committee of the National Institutes of Health with Dr. Donald S. Frederickson, Director. The function of the committee is to advise Secretary of the Department of Health, Education and Welfare Joseph Califano and Dr. Frederickson on matters relating to the scientific, technological, academic, managerial and socio-economic setting in which the continuing development of the bio-medical sciences, research training and bio-medical communications must take place. It also advises concerning the implications and policies, program development, resource allocations of and admissions to the National Institutes of Health. Dr. Greco is Chief of Surgery at St. Joseph's Hospital in Hazelton.

George M. Meier, 11 High St., Butler, N.J., writes that one of his children is married and in graduate school and the other is single and a senior at Muhlenberg.

1952

William C. Schmidt, 503 St. Davids Ave., Wayne, Pa., has opened a second office at 234 N. Pottstown Pike in Exton. Dr. Schmidt is a Charter Diplomate of the American Board of Family Practice.

1953

Joseph W. Simpson, 2391 Hickory Rd., Plymouth Meeting, Pa., writes, "I am still *in situ* as Director of Medical Services of the Consolidated Rail Corporation (Conrail) during very difficult times."

1954

Jack N. Rosenberg, 2417 Chestnut Hill Dr., Cinnaminson, N.J., was reappointed Chair-

man of the Department of Surgery at Rancocas Valley Hospital. His daughter, Ann, is a member of the class of 1981.

John D. Wofford has joined the staff of the Mississippi Methodist Rehabilitation Center in Jackson. Dr. Wofford, an internist and cardiologist, was named "Doctor of the Year" in 1974 by the Mississippi Association of Medical Assistants. He has a son in his senior and a daughter in her freshman year at Jefferson.

1955

Leon A. Peris, 1421 Autumn Rd., Jenkintown, Pa., an Assistant Professor of Obstetrics and Gynecology at Jefferson, has been elected Secretary of the Obstetrical Society of Philadelphia.

Richard H. Schwarz, Oak Hill Estates, Penn Valley, Pa., is President-elect of the Obstetrical Society of Philadelphia. He is a Professor of Obstetrics and Gynecology at the University of Pennsylvania School of Medicine.

1956

John M. Daniel, 200 Raleigh Ave., Beckley, W.V., has been named Medical Director of the County Roads Health Plan, a health maintenance plan being established there. Dr. Daniel is Chief of Medical Service and President of the medical staff at Beckley Hospital.

Edward R. Hagopian, 1003 Delaware Ave., Wilmington, De., was appointed Assistant Professor of Surgery at Jefferson (Wilmington Medical Center affiliate).

1957

Herbert G. Aaronson, 7756 Green Valley Rd., Wyncote, Pa., was appointed Clinical Assistant Professor of Psychiatry and Human Behavior at Jefferson (VA Coatesville affiliate).

Abram M. Hostetter, 1736 E. Chocolate Ave., Hershey, Pa., has been elected a Trustee of the American Psychiatric Association. Dr. Hostetter is Vice Chairman of the Dauphin County Mental Health/Mental Retardation Advisory Board and Chairman of Health Resources Planning and Development, Inc., (HSA Area IV).

Edwin LePar, 1040 Kingsley Rd., Rydal, Pa., announces the birth of a second daughter, Heather Wendy, last April. The LePars' first daughter, Felice Hilary, is 7.

Albert N. Morgese, 51 Poplar Dr., Morris Plains, N.J., writes that his son, **Dr. Richard D. Morgese** is practicing psychiatry at Menlo Park Veterans Hospital in California.

1958

Peter J. Amadio, Jr., Clinical Associate Professor of Family Medicine at Jefferson, received a plaque from the first graduating class of residents for "outstanding teaching and interest in resident education" and for serving as "constant advocate, counsellor and friend."

John T. Antolik, 19 W. Maiden Ln., Somerdale, N.J., writes that his oldest son is premed at St. Joseph's College and his youngest son "just got out of diapers."

Richard E. Eshbach, 889 Cressman Rd., Harleysville, Pa., writes that he has returned from eight months in Greece and is working at Huntington Psychiatric Hospital.

William H. McMicken, 1650 Huntingdon Pike, Meadowbrook, Pa., recently opened an office there for the practice of internal medicine. Although he has visited with his brother, **Dr. Thomas E. McMicken '63**, in Bartow, Florida, he has resisted offers to join him there in practice. The McMickens have a two-year-old daughter, Carolyn, and a son, Brian James, born in June '77.

James W. Montague has been named Assistant Director of Family Practice at the Williamsport Hospital in Pennsylvania.

Albert B. Wolbach, Jr., 923 W. Main St., Ephrata, Pa., has been certified by the American Board of Family Practice.

1959

Marvin C. Daley, 2426 Butter Rd., Lancaster, Pa., is President of the Lancaster Jewish Community Center and President-elect of the Medical Staff at St. Joseph's Hospital.

Walter M. Shelly, S. Main St., Coopersburg, Pa., is practicing thoracic surgery in Bethlehem following nine years as a medical missionary in Zaire.

1961

Louis Brown, 164 Orchard Rd., West Hartford, Ct., a thoracic surgeon, was honored at a dinner last fall when he was given the national United Jerusalem Award of State of Israel Bonds for his leadership and service.

Steven R. Homel, RD 1, Box 340, Sewell, N.J., has joined the staff of the Washington Memorial Hospital as pediatrician.

James S. Horewitz, 5675 Chelton Dr., Oakland, Ca., will have a book on *Couple and Family Therapy* published by Jasan Aronson Publishers.

Robert E. McLaughlin, 1726 Old Forge Rd., Charlottesville, Va., has been promoted to Professor at the University of Vir-

ginia School of Medicine. A former resident at Boston's Lahey Clinic, Dr. McLaughlin was a Fellow in rheumatology at the University of Virginia Hospital in 1968-1969 and joined the faculty there in the Department of Orthopaedics and Rehabilitation in 1969.

Robert B. Tesh, P.O. Box 1680, Honolulu, spent two months last summer in Taiwan studying the epidemiology of Japanese encephalitis.

James Vorosmarti, Captain in the Medical Corps, USN, Deputy Director, Naval Medical Research Institute, Bethesda, Md., was recently elected a Fellow of the American College of Physicians and full member of the American Physiological Society. He is the 1977-1978 President of the Undersea Medical Society.

1962

George A. Blewitt, 21 Patriot Ci., Devon, Pa., was appointed Clinical Assistant Professor of Medicine at Jefferson.

Henry Gelband, 15020 S.W. 69th Ct., Miami, has been promoted to Professor of Pediatrics and Director of Pediatric Cardiology at the University of Miami Medical School.

Robert M. Glazer has been promoted to Assistant Professor of Orthopaedic Surgery with a secondary appointment at this rank in the Department of Physical Medicine at the University of Pennsylvania School of Medicine.

Vorrie B. Macom, 34 W. Ridge St., Lansford, Pa., is a Diplomate of the American Board of Family Practice and a Fellow of the American Academy of Family Physicians.

Debhanom Muangman, 489 Rajvithi Rd., Bangkok, Dean of the Faculty of Public Health there, has been elected President of the Association of Schools of Public Health in African, East Mediterranean, Southeast Asian and Western Pacific regions.

George S. Nicoll, 26 E. Riding Dr., Cherry Hill, N.J., writes "great 15th year reunion last June at the Living History Center."

Stanley F. Peters, Box 563, Furlong, Pa., has been joined in family practice by **James P. Blore, Jr.**, '72 for the third partner. A sixth adopted child makes nine children in the Peters household.

1963

Phillip Z. Aronow, 434 Loucroft Rd., Haddonfield, N.J., was the recipient last fall of the A. David Epstein Memorial Leadership Award presented by the Jewish Federation of Southern New Jersey. At the same cere-

mony his wife, Nila, also was cited for service with a special Federation Leadership Award. Dr. Aronow serves as Chairman of the Physicians Division which last year raised \$210,000. He is a Fellow of the American College of Surgeons.

Matthew N. Boulis, 741 Riverton Rd., Moorestown, N.J., was awarded a post-graduate pediatric fellowship last fall at Children's Hospital of Philadelphia. The four week program, sponsored by the William Penn Foundation, is designed to return practicing pediatricians to a teaching hospital to permit review of techniques and knowledge about scientific advances in their specialty.

1964

James J. Houser, 217 Evergreen Dr., Franklin, Pa., was appointed Instructor in Family Medicine at Jefferson.

Joseph A. Lieberman, Still Hollow Rd., Lebanon, N.J., formerly of Allentown, Pa., has joined the staff at Hunterdon Medical Center. He is a Diplomate of the American Academy of Family Physicians and is a Clinical Assistant Professor of Family Medicine at the College of Medicine and Dentistry, New Jersey Rutgers Medical School.

1965

Robert A. Beggs, 478 Bath Hills Blvd., Akron, Oh., has been appointed Assistant Professor of Internal Medicine at Northeast Ohio College of Medicine.

Robert J. Echenberg, 246 Pine Top Trail, Bethlehem, Pa., is a member of the American Association of Sex Educators, Counselors and Therapists. Last summer he attended a seminar relating to sexual therapy in Cabris, France.

Thomas H. Malin, 110 Rodney Ln., Camp Hill, Pa., has been appointed Contributing Editor to the *Pennsylvania Medical Journal*. He became a Fellow of the American College of Surgeons at the national meetings in October.

Amilu S. Martin, 3100 Academy Blvd., Colorado Springs, continues in a general and vascular surgery practice with her husband, **Alfred J. Martin '64**.

Joseph W. Smiley, 604 Argyle Ci., Wynnewood, Pa., has been elected Vice-president of the Medical Staff at Mercy Catholic Medical Center in Darby.

Norman P. Zemel, 3811 Seamoer Dr., Malibu, Ca., is a Fellow of both the American College of Surgeons and the American Academy of Orthopaedic Surgeons.

1966

Joseph A. C. Girone, 705 Godshall Rd., Telford, Pa., is President of the Bucks County Medical Society and Medical Director of Ridge Crest, a residential facility for severely retarded people in Sellersville. "Enjoying private pediatric practice."

Thomas V. Lloyd, 2687 Wexford Rd., Columbus, Oh., is an Assistant Professor of Diagnostic Radiology at Ohio State Medical School.

Burton Mass, 657 Oak Shade Ave., Elkins Park, Pa., has been certified by both the American Board of Internal Medicine and the American Board of Pulmonary Disease. He also was elected a Fellow of the American College of Chest Physicians.

1967

Robert A. Block, 19 Buxton Rd., Cherry Hill, N.J., has opened an office at West Jersey Family Health Center. An Instructor at Jefferson, Dr. Block is a member of the American Academy of Obstetricians and Gynecologists.

Anthony J. Chiurco practices at 2681 Quakerbridge Road in Trenton, New Jersey. He is a member of the surgical staff at Mercer Medical Center.

Joel B. Jurnovoy, 3656 Waynesfield Dr., Newtown Square, Pa., is a member of the Board of Directors of the Delaware County Medical Society.

Charles H. Klieman, 10677 Somma Way, Los Angeles, and his wife, Rae Klieman, M.D. announce the birth of a daughter, Valerie Lyn, on October 20.

David H. Miller, 9 Old Windy Bush Rd., New Hope, Pa., recently joined Richard L. Tax, M.D. for the practice of general and pediatric ophthalmology.

Elliot J. Rayfield, 305 E. 86th St., New York, an Associate Professor of Medicine and Director of the Diabetes Research Laboratory at the Mount Sinai School of Medicine, was a speaker at the International Workshop on Insulin-Dependent Diabetes sponsored by NIH last fall in Philadelphia. He also gave the keynote lecture on Psychosocial Dimensions of Diabetes at the 8th Annual Symposium of the Connecticut Affiliate of the American Diabetes Association.

Alan H. Wolson, 1467 Wedgewood Rd., Allentown, Pa., was appointed Clinical Associate Professor of Radiology at Jefferson.

1968

Robert E. Bellet, 1651 Fawn Ln., Huntingdon Valley, Pa., is head of the chemotherapy section of the melanoma unit at

Fox Chase Cancer Center in Philadelphia. In addition he is a research physician with the Institute for Cancer Research and a Clinical Instructor in Medicine at Temple University School of Medicine. He is a Fellow of the American College of Physicians. Recently he joined the staff of Phoenixville Hospital where he will provide a regular medical oncology consulting service.

Mark R. Stein, 5 Sunnymede Ct., Potomac, Md., has completed a Fellowship in allergy and clinical immunology at Fitzsimons Army Medical Center, Denver. He, his wife Phyllis, and daughter, Amy, moved to the Washington area so that he could assume a position as Assistant Chief of the Allergy and Clinical Immunology Service at Walter Reed Medical Center.

1969

Peter M. Anson has opened an office for the practice of orthopaedic surgery at 1405 N. Cedar Crest Boulevard in Allentown, Pennsylvania. He completed his residency at Jefferson this past summer.

Robert L. Arkus, 9719 Atwell St., Houston, is on the clinical faculty at the University of Texas Medical School in Houston.

John and Linda Clement, 435 Leearden Rd., Hershey, Pa., announce the birth of a son, Christopher Matthew, on August 16, 1977. Their daughter, Amy Noelle, is 3.

Salvatore P. Girardo, 1332 Arther St., Philadelphia, has been elected a Fellow of the American Heart Association, Clinical Council of Cardiology.

David J. Katz, 219 Country Club Ln., Altoona, Wi., with three other physicians and a dentist, has built an office building at 3203 Stein Boulevard in Eau Claire.

Gerald A. Mandell, 239 Tower Ln., Penn Valley, Pa., was named Director of Pediatric Radiology at Hahnemann Medical College of Philadelphia in July '77. Prior to his appointment, he was a staff radiologist at Children's Hospital of Pennsylvania. He and his wife, Susan, have three sons, Nathan, Joshua and Geoffrey.

Mark Nissenbaum, 3705 Hamilton St., Philadelphia, was appointed Instructor in Orthopaedic Surgery at Jefferson.

Alan Schein, 4471 Nantucket Rd., Harrisburg, is certified by the American Board of Ophthalmology.

Jay S. Skyler, 14345 S.W. 72nd Ct., Miami, has been appointed Editor-in-chief of *Diabetes Care*, the new journal for clinical and applied research published by the American Diabetes Association.

1970

Edward B. Bower, 900 Sunset Dr., Monroe, N.C., began private practice of general and peripheral vascular surgery after completing two years of army duty. Board certified, he is on the staffs of Union Memorial and Charlotte Memorial Hospitals. He and his wife, Angela, have two children.

Larry S. Cohen, 16800 N.W. Second Ave., Suite 204, N. Miami Beach, was elected to a Fellowship in the American College of Cardiology. Board certified in cardiovascular diseases, he is a Fellow of the Council on Clinical Cardiology of the American Heart Association. He and his wife are expecting their third child.

Paul H. Douglass, 10 Stanyon Rd., York, Pa., is in private practice. He became a Fellow of the American College of Obstetricians and Gynecologists recently.

Alan Gardner, 1607 W. Lynn Dr., West Chester, Pa., was appointed Instructor in Psychiatry and Human Behavior at Jefferson.

James R. LaMorgese, 10114 Tioga Dr., San Antonio, Tx., was appointed Chief of the Department of Neurosurgery at Wilford Hall Medical Center, Lackland AFB, Texas.

William J. Lewis, 116 Stockton Rd., Bryn Mawr, Pa., was promoted from Clinical Instructor in Otolaryngology to Clinical Assistant Professor of Otolaryngology at Jefferson (Lankenau affiliate).

Robert M. Lumish, 1508 Valley Ct., Upper St. Clair, Pa., is directing the Infection Control Program at the Division of Infectious Diseases at Mercy Hospital, Pittsburgh. He comes to the position from the Center for Disease Control. He and his wife, Sandy, have two children, Adam and Terry.

Lawrence S. Miller, 145 S. Burlingame Ave., Los Angeles, is Medical Director of the Rehabilitation Institute at the Glendale Adventist Medical Center, Los Angeles. He recently became Board certified in physical medicine and rehabilitation.

Harry S. Polsky, 5531 Caversham St., Houston, is completing a year of vascular fellowship with Dr. Michael DeBakey in Houston.

He was Board certified in surgery last spring. He, his wife, Sharon, and their three children plan to return this coming summer to a practice in Norristown, Pennsylvania.

David J. Randell, 1136 Waverly St., Philadelphia, is a resident in ophthalmology at Wills Eye Hospital in Philadelphia.

John Reichel, III, 1000 Congress Valley Rd., Napa, Ca., has a new daughter, Lauren.

Christopher C. Rose, 268 15th Ave., San Francisco, is practicing emergency medicine at Presbyterian Hospital there after completing a medical residency at Stanford.

Stephen M. Woodruff, 408 Penn Oak Rd., Flourtown, Pa., practices obstetrics and gynecology in the Chestnut Hill area.

1971

Terrence S. Carden, Jr., Elm Rd., Mundelein, Ill., is Director of emergency services at the Highland Park Hospital Foundation in Illinois. He has accepted a position as contributing editor of *JAMA*; he is reviewing manuscripts and developing a series on emergency medical management.

William L. Chollak, 1116 Waverly St., Philadelphia, was appointed Instructor in Orthopaedic Surgery at Jefferson (Chestnut Hill and Mercy Catholic Medical Center affiliates).

David R. Cooper, 372 High St., Souderton, Pa., passed his orthopaedic Boards last September. He "looks forward to teaching at Jeff as a volunteer."

Lawrence J. Guzzardi, 750 Shaker Dr., Lexington, Ky., is doing an emergency medicine residency at the University of Kentucky.

Susan M. Pacheco, 61 E. Dixon Ave., Dayton, Oh., announces the birth of Benjamin Joaquin. Board certified in pediatrics, she recently became a member of the Academy of Pediatrics.

Robert C. Snyder, 7425 Ruby Dr., SW, Tacoma, Wa., became Board certified in anatomic and clinical pathology last spring. He is presently Chief, clinical pathology, and Assistant Chief, Department of Pathology at Michigan Army Medical Center in Tacoma.

G. Thomas Spigel, 1424 10th Ave., SE, Rochester, Mn., is in his last year of a dermatology residency at the Mayo Clinic. He and his wife, Cecelia, announce the arrival of a son, Kevin Malone, last November.

Michael E. Starrels has opened a two man office for the practice of ophthalmology at Old York Road and Township Line in Jenkintown, Pennsylvania. A former Fellow at Wills Eye Hospital, he is now a staff surgeon at the Glaucoma Center of Wills Eye Hospi-

Alumni Library Pass

Frequently information is requested on the use of the Scott Library by Jefferson's alumni. For \$1.00 a pass may be secured at the circulation desk on the second floor which will permit general privileges on all four floors. On weekends and during the evening hours, admission to the building is by Jefferson ID or library pass only.

tal and an Instructor at Jefferson. Board certified in ophthalmology, he is an Attending at Albert Einstein Medical Center, Northern Division. He also is engaged in research on drugs for the treatment of glaucoma.

Mark B. Vizer, 123 Rosewood Dr., Lansdale, Pa., has joined W. Clark Kittleberger, M.D., Associates, Sellersville, Pennsylvania, for the practice of obstetrics and gynecology. Last July, he completed service as an obstetrician/gynecologist with the United States Army at Fort Knox, Kentucky. On the staff of the Grand View Hospital, he is a member of the American College of Obstetricians and Gynecologists and the American Fertility Society. He and his artist wife enjoy music and sailing. They have two daughters.

1972

Carolyn E. Bekes, 11A Hamilton Rd., Spring Hill Apts., Maple Shade, N.J., has been appointed Director of the critical care unit at Cooper Medical Center (Jefferson affiliate). She is Board certified in internal medicine and Board eligible in nephrology.

Anthony J. Calabrese, a Major at Andrews Air Force Base, Maryland, is with the Military Airlift Command.

Barbara F. Danoff, 21 Meredith Rd., Philadelphia, was appointed Clinical Assistant Professor of Radiation Therapy and Nuclear Medicine at Jefferson.

Stuart M. Deglin, RFD 8, Box 93, Morgantown, W.V., was appointed Assistant Professor of Cardiology in the Department of Medicine, West Virginia University School of Medicine. He is a Diplomate of the American Board of Internal Medicine.

Steven A. Dowshen, 311 Hopkinson House, Washington Square South, Philadelphia, is on the staff of the pediatrics division of Albert Einstein Medical Center, Northern Division, Philadelphia. The pediatric endocrinologist was a Fellow in endocrinology and metabolism at St. Christopher's Hospital, Philadelphia. He is a Diplomate of the National Board of Medical Examiners.

James L. Gardner, II has been appointed to the staff of St. Francis and Jameson Memorial Hospitals, New Castle, Pennsylvania. He will practice general and vascular surgery. He and his wife, Linda, have five children.

Charles A. Gordon is practicing internal medicine at 1251 S. Cedar Crest Boulevard, Allentown, Pennsylvania.

William J. Hyde, 114 Crandal St., Ft. Huachuca, Az., completed a general surgery residency at Jefferson last June. He, his wife and two daughters then moved to Arizona where he is stationed for two years in the army.

Stanley R. Jacobs, 3600 Conshohocken Ave., Philadelphia, married the former Judith Neubauer last August.

Alex B. Juhasz has opened an office for the practice of general surgery at 682 Philadelphia Street, Indiana, Pennsylvania.

Ronald L. Kabler, 209 S. Crestwood Dr., Danville, Pa., has been appointed an associate in the Department of Urology at Geisinger Medical Center.

Myles K. Krieger, 3892 Meadow Ln., Emerald Hills, Hollywood, Fl., has entered the private practice of otolaryngology.

Norman W. Lindenmuth, 16 W. Walnut St., Alexandria, Va., used curare to arrest conditions of a patient with pancreatitis. The method of treatment was reported by *Newsweek*. His wife, the former Susan Ike, is studying law at George Washington University. They have two children.

Richard R. P. McCurdy, 211 Sykes Ln., Wallingford, Pa., was appointed Instructor in Medicine at Jefferson.

Anthony R. Rooklin, 2705 W. Country Club Rd., Philadelphia, has a new daughter Laura Michelle.

James M. Ryan, HQ, SPT Co., 2nd Med. BN, 2nd Inf. Division, APO San Francisco, is serving at Camp Casey, Korea, near the DMZ. He is engaged to Kay L. Thorson of Bondurant, Iowa.

Stephen H. Smith has joined the associate staff of the orthopaedic surgery division of the Allentown and Sacred Heart Hospital Center.

Robert E. Steward, Jr. has recently completed orientation courses for the army's newly commissioned medical officers. He trained at the Academy of Health Sciences, Fort Sam Houston, Texas.

Martin Weisberg, 35 Carter Ln., Elkins Park, Pa., was appointed Instructor in Psychiatry and Human Behavior at Jefferson.

Cheryl R. Zaret, 535 N. Michigan Ave., Chicago, has completed a Heed Fellowship at Columbia-Presbyterian Medical Center, New York. A Diplomate of the American Board of Ophthalmology, she is presently Chief of Neuro-ophthalmology and Assistant Professor of Ophthalmology and Neurology at Northwestern University Medical Center.

1973

John J. Blanch, 5446 Harpers Farm Rd., Columbia, Md., has completed an internal medicine residency at York Hospital in Pennsylvania. He is now practicing with the Patuxent Medical Group (Columbia Medical Plan).

Ben P. Bradenham, Jean Apartments, 802 Underwood Ave., Durham, N.C., will complete a Fellowship in gastroenterology at Duke University this coming summer. He

then will begin private practice in Richmond, Virginia. He is a Diplomate of the Board of Internal Medicine.

Earl H. Brown, 8 N. Bryn Mawr Pl., Media, Pa., reports the birth of a second daughter, Amy Marie. His first child is Heather Ann.

William T. Chain, Jr., Windsor and Iona Aves., Narberth, Pa., will practice internal medicine where his father was once a general practitioner. His wife, the former Christine Duncheskie, is a nurse at Bryn Mawr Hospital.

John M. Falker, 377 Thunder Ci., Cornwells Heights, Pa., is practicing diagnostic radiology at Nazareth Hospital, Philadelphia. He was recently certified by the American Board of Radiology.

Michael A. Feinstein, 649 S. Henderson Rd., King of Prussia, Pa., has joined the staff of the Southeast Philadelphia Neighborhood Health Center. He is with the Department of Obstetrics and Gynecology.

Alan D. Hoover, 960J Chatham Park Dr., Pittsburgh, has been designated a Diplomate of the American Board of Internal Medicine.

Ivan H. Jacobs, 323 Gill Ln., Iselin, N.J., is opening an ophthalmology practice at 345 Somerset St., North Plainfield, New Jersey.

Anton P. Kemps, 123 Montwell, Had-donfield, N.J., is doing a medical residency at Jefferson. He writes that he has "many Southwestern tales for willing listeners."

Frederick L. Kramer, 7305 Malvern Ave., Philadelphia, finished a residency in diagnostic radiology at Jefferson this past summer. He is currently taking a one year Fellowship in diagnostic ultrasound with Dr. Barry B. Goldberg at Jefferson.

Gary J. Levin has opened an office for the practice of ophthalmology at 1 Bonds-ville Road, Downingtown, Pennsylvania. A member of the American Association of Ophthalmology, he is a Diplomate of the National Board of Medical Examiners. He has been appointed Instructor in Ophthalmology at Jefferson.

Richard I. Perzley, 3120 School House Ln., Philadelphia, has completed a two year Fellowship in ambulatory pediatrics with the Rebound Children and Youth Project, Children's Hospital of Philadelphia. He is now a full time pediatrician associated with Rebound.

Mary A. Starsnic Resnik, 1000 Walnut St., Philadelphia, was appointed an Instructor in Anesthesiology at Jefferson.

Michael J. Schmerin, 54 W. 82nd St., New York, is finishing a Fellowship at New York Hospital, Cornell Medical Center. He has recently married Dafna Erlich of Tel Aviv, Israel. A former dancer with the Israeli

Classical Ballet Company, Mrs. Schmerin now teaches in New York City.

Daniel M. Scotti, 1735 Williamsburg Pl., Clementon, N.J., was appointed Clinical Assistant Professor of Radiology at Jefferson.

David Shore, 275 Cajon St., Laguna Beach, Ca., passed his psychiatry Boards. He is Clinical Assistant Professor of Psychiatry and Human Behavior at the University of California, Irvine, and staff psychiatrist at the Long Beach VA Hospital.

Richard M. Sostowski, 18 Belgrade Terr., West Orange, N.J., is Clinical Assistant Professor and Associate Director of Medical Student Training in Psychiatry at the New Jersey College of Medicine. Recently Board certified in psychiatry, he is in psychoanalytic training at the William Alanson White Institute. He and his wife, Patricia, have a daughter Kristin.

Stanford N. Sullum, 21 E. 87th St., New York, has begun private practice of obstetrics and gynecology. He is on the staff of Mt. Sinai Hospital, New York.

Arnold F. Traupman, Suite 420 E. Elizabeth Ave., Bethlehem, Pa., was appointed Instructor in Ophthalmology at Jefferson. He has opened an office for the practice of ophthalmology in Bethlehem. He and his wife, Barbara, have two sons.

Paul S. Zamostien, 700 Ardmore Ave., 511 Sussex Manor, Ardmore, Pa., has completed a residency in obstetrics and gynecology. He has been named Assistant Professor at Temple University's School of Medicine.

1974

Jay D. Amsterdam, 602 Washington Square, Philadelphia, was appointed Instructor in Psychiatry and Human Behavior at Jefferson.

Bruce C. Berger, 234 Four Seasons Dr., Charlottesville, Va., completed a medical residency at Lankenau Hospital. He is a cardiology Fellow at the University of Virginia Hospital.

Joseph R. Berger completed an internal medicine residency at Georgetown. He and his wife, Sandy, have migrated temporarily to Jerusalem, Israel, where he is with the Department of Neurology at Hadassah. They are expecting their first child. He writes, "Any Jeffersonians travelling through this part of the world should feel free to drop by for a visit."

J. Martin Brown, 531 Dinalynn Dr., Mesquite, Tx., has opened an office for the practice of internal medicine and purchased a house in the North Dallas suburb of Plano. He has two children ages, 1 and 3.

John T. Dekutoski, 2345 Filbert St., San Francisco, has completed a residency in family medicine at Chestnut Hill Hospital, Philadelphia. He was Chief Resident during his third year. In addition to joining a private group practice, he is on the staff of the Veterans Administration Hospital and the San Francisco General Hospital.

Len E. Ennis, 70 Jamaica Plain, Boston, has been named a Diplomate in internal medicine. He is presently a Harvard Fellow in cardiology at the New England Deaconess Hospital in Boston. He is married to the former Kathi Harter.

Alice Forsyth is practicing emergency medicine at Warminster General Hospital in Pennsylvania.

Raymond J. Hauser is one of three physicians associated with the newly opened Kutztown Area Medical Center, Inc., Pennsylvania. He is a member of the American Academy of Family Physicians. His wife is the former Patricia L. Landis.

Bradley R. Hoch, 65 W. Middle St., Gettysburg, Pa., is in solo practice of pediatrics. He and his wife, Kay, have a son, Jonathon, and a daughter, Emily.

Howard G. Hughes, RD6, Danville, Pa., has become an associate in the Department of Emergency Medicine at the Geisinger Medical Center.

Michael A. Kukucka, 101 W. 15th St., New York, is Chief Medical Resident at St. Vincent's Hospital and Medical Center, New York City. He has married the former Ellen McGuire.

William D. Lawrence, 798 Thurston Rd., Rochester, N.Y., is a hematology Fellow at Strong Memorial Hospital in Rochester. Married to the former Jane Elizabeth Davies, he has a son, Christopher Martin.

Stephen Lichtenstein, Hopkinson House 2109, Washington Square South, Philadelphia, is Chief Resident at Wills Eye Hospital.

John P. Lubicky, 5723 Westtower Dr., Richmond, Va., is Senior Assistant Resident in orthopaedic surgery at the hospitals associated with the Medical College of Virginia.

Georgetta D. Lupold is joining two other family physicians at the Tri-Valley Medical Building, 105 Main Street, Valley View, Pennsylvania. She is a member of the American Academy of Family Practice.

Charles W. Maxin has been appointed to the medical staff of Centre Community Hospital in conjunction with newly opened offices at the 611 Building, 611 University Drive, State College, Pennsylvania. He is a member of the American Academy of Family Practice. He and his wife, Cathelia, enjoy cycling, hiking and climbing.

William A. Meyer, Jr. has joined the staff of the Beebe Clinic (Georgetown and Lewes, Delaware locations) as an obstetrician/gynecologist. He is also on the staff of the Beebe Hospital in Lewes. His wife, Joan, is an R.N.

Anthony D. Molinaro, Jr., 2980 Round Hill Rd., York, Pa., has become an associate of **Dr. Frederic R. Weiner '72** at the Shrewsbury Family Practice Center.

Marvin E. Nielsen is one of the first two residents to finish the program in family medicine at Latrobe Area Hospital (affiliate), Latrobe, Pennsylvania.

Vincent A. Pellegrini, 304 Brentwood Rd., Havertown, Pa., has finished an obstetrics and gynecology residency at Lankenau Hospital. He and his wife, Susie, have one child, Cara Nadine.

James D. Plumb, 1107 Church Rd., Orelan, Pa., is an Instructor of Medicine and Family Medicine at Jefferson.

Alan K. Roberts, 10911 S.W. 71st Ln., Miami, has completed a family practice residency program at St. Margaret Memorial Hospital. He is now with the South Miami Medical Associates.

Jay Schinfeld, 474 W. 238th St., Riverdale, N.Y., is Chief Resident in obstetrics and gynecology at Jacobi-Einstein in the Bronx, New York. He will be a Fellow in infertility and gynecological endocrinology at Boston Hospital for Women. A son, Eric Henry, was born to him and his wife, Sandy, who has received an M.P.H. from Columbia. She has been working at the International Institute for Human Reproduction.

Bruce G. Silver, 1121 Green Tree Ln., Narberth, Pa., started to practice internal medicine at 145 N. Narberth Avenue. On the staff of Lankenau Hospital, he is an Instructor in Medicine at Jefferson.

L. Peter Soraruf, Round Hill Rd., Kennett Square, Pa., has taken an office in the Kennett Medical Center for the practice of family medicine; his wife, Susan, is his nurse. He also works one day a week in the emergency room at Southern Chester County Medical Center in Jennersville. He enjoys gourmet cooking, especially Italian foods.

Susan M. Stevenson practices pediatrics at the Moshannon Valley Medical Center, Philipsburg, Pennsylvania. She planned to wed Quentin Novinger, M.D., last fall. He is in the first year of pediatrics residency at the Geisinger Medical Center, Danville, Pennsylvania.

Alfred G. Vasta is practicing internal medicine at 500 Juniper Street, Quakertown, Pennsylvania. He is on the staff at Quakertown Community and Grand View Hospitals. He is married to the former Vicki Mease.

Jay Weisberg, 1606 Tudor Pl., Wilmington, De., was appointed Instructor in Psychiatry and Human Behavior at Jefferson (Wilmington Medical Center affiliate).

Steven M. Wenner, 666 Pelham Rd., New Rochelle, N.Y., reports that he and his wife, **Nadine P. Wenner '76**, are in residencies in New York City. They have a son, David.

1975

Jerry M. Belsh, 151 B122 St., Belle Harbor, N.Y., is in the second year of neurology residency at Downstate Medical Center, New York. He and his wife, Barbara, announce the birth of their first child, Yitzhak Eliezer.

William P. Coghlan, Rt. 1, West Hamlin, W.V., is running a Medical Clinic there. He and his wife announce the birth of a daughter, Katherine Rogers, last March.

John H. Doherty, Jr., 310 E. 71st St., New York, began an orthopaedic residency at the Hospital for Special Surgery.

Robert H. Gordon, 400 Maynard St., Ann Arbor, Mi., will marry Sharon J. Bender this March. Ms. Bender is a health sciences research analyst.

John J. Kavanagh, 50 Smith St., Charleston, S.C., is a resident in internal medicine at the University Hospitals of Charleston. He has been granted a fellowship in oncology at M.D. Anderson Hospital in Houston in June of '78. Dr. Kavanagh was married recently to Starr Merrit of Norwalk, Connecticut.

John T. Santarlas, 122 W. Second Ave., Latrobe, Pa., married the former Diane Lucas last September.

Robert T. Sataloff, 3040 Lorraine St., Ann Arbor, Mi., is in his second year of an otorhinolaryngology residency at the University of Michigan. Still an active musician, Dr. Sataloff was guest soloist with the TJU choir this past Christmas.

Edward S. Schulman, 210 Alexander St. H, Durham, N.C., writes that he is a senior resident at Duke rather than a junior resident, as the summer issue of the *Bulletin* mistakenly reported.

1976

Harry A. Bade, III, 545 Barnett Pl., Ridgewood, N.J., is in a general surgery residency at the Roosevelt Hospital in New York City. Next year he plans to transfer to the Hospital for Special Surgery to do an orthopaedic residency.

Marjorie Williamson Bowman, 107 Carver St., Durham, N.C., married **Scott W. Bowman '76** last June.

Harry M. Brener is a first year surgical resident at Temple University Hospital. He will pursue training in proctology when the residency is completed.

Ira Brenner, 2681-8 Barracks Rd., Charlottesville, Va., is in his second year as a psychiatry resident. He is a member-in-training on the Board of the Virginia Neuropsychiatric Society.

Martin D. Broff, 104 High Path Dr., Windsor, Ct., will begin a Fellowship next July in pediatric allergy and immunology at Children's Hospital Medical Center, Boston. He is presently doing a pediatrics residency at the University of Connecticut in Farmington.

William F. Cappiello, 1800 Jefferson Park Ave., Charlottesville, Va., is an ophthalmology resident at the University of Virginia Medical Center there.

Lenn J. Chalfin, 12 Central Ave., Cheltenham, Pa., is in a general surgery residency at Jefferson.

Joanna Miller Connolly, c/o Maguire Estate, Gravers Ln. and Flourtown Ave., Wyndmoor, Pa., is doing an ob/gyn residency at Jefferson. Her daughter, Allyson Lara, was born last August.

Brad M. Dworkin, 435 E. 70th St., 21-F, New York, married **Cynthia L. Sears '77**. They both have residencies in medicine at New York Hospital, Cornell Medical Center.

Christopher M. Frauenhoffer, 1000 Walnut St., Philadelphia, is a second year resident in pathology at Jefferson. His wife, Suzanne, has begun a residency in pediatrics also at Jefferson.

Paul B. Gilman, 3507 Stearns Hill Rd., Waltham, Ma., is a resident in internal medicine at New England Deaconess Hospital, Boston. He expected his first child at the end of December.

Jerome E. Groll, 111 Cambridge Rd., Greenville, N.C., announces the birth of a son, Corey Ross. His family practice residency is at Pitt County Memorial Hospital in Greenville.

George J. Heymach, III, 541 S. 46th St., Philadelphia, is an Adjunct Professor in the Biomedical Engineering Program at the University of Pennsylvania while he is doing a residency in internal medicine at Jefferson.

Stephen K. Katz, 5944-C Sugarbush Dr., Richmond, Va., completed one year of pediatrics residency at the Medical College of Virginia. Currently a staff physician at an adolescent mental health center, he reports that he is "taking a respite from training" and enjoying activities such as sailing and oil painting. His wife, the former **Barbara Levin '76**, is doing a pediatrics residency at the Medical College of Virginia.

Robert A. Leipold, 206 Dewart St., Riverside, Pa., reports that he and wife, Tricia, are pleased about the arrival of their first child, Jennifer Lynne, last August.

Andrew J. Levin, 9301 State Rd., Philadelphia, started an ophthalmology residency at Wills Eye Hospital.

Lawrence H. Lyons, Jr., P.O. Box 781, Hatch, N.M., married the former Anne D'Alessandro, who has a Master's Degree in library and information science from Drexel University. He writes that they "love the Southwest."

James P. McCann, Box 244, Poplar, Mt., writes that he is "enjoying life immensely in a small town in northeastern Montana." Busy with a general practice, he reports that he is glad he did not continue a residency.

Robert H. Martsoff, 205 Shawnee Rd., Johnstown, Pa., is in the second year of a family medicine residency at Conemaugh Valley Memorial. His daughter, Lee Ann, was a year old in January.

Joseph C. Noreika, 213 Woodbridge Dr., Pittsburgh, is in an ophthalmology residency at the University of Pittsburgh Eye and Ear Hospital. He is married to the former Joanne Elizabeth Keane.

Gordon J. Ostrum, Jr., King's Hwy., RD2, Box 40D, Woodstown, N.J., is an ob/gyn resident at the Wilmington Medical Center. He is married to the former Kimberly Wilcox.

Richard J. Pierotti, 2004 Tulip Rd., Glenside, Pa., writes that classmates are welcome to visit at his new home. His residency is in family medicine at Jefferson.

Samuel R. Ruby, 617½ E. Hill, Gallup, N.M., is General Medical Officer for the Zuni and Navajo Indians at the Gallup Indian Health Hospital.

Ricke L. Spotts, 64 University Manor, Hershey, Pa., is in a family and community medicine residency at the Hershey Medical Center. He has a son, Adam Ryan.

Maxwell W. Steel, III, 2501 Westward Dr., San Antonio, Tx., will begin a four year residency in orthopaedic surgery at the Mayo Clinic in Rochester, Minnesota, next July.

John W. Thompson, 619 Overlook Dr., Pittsburgh, is completing a residency in radiology at the University of Pittsburgh. He and his wife, Diana, had a son, Andrew Watson, last July.

Michael J. A. Ward, Bryn Mawr Hospital, Bryn Mawr, Pa., married the former Amy Lundquist of Radnor, Pennsylvania, last July.

Nadine P. Wenner, 666 Pelham Rd., New Rochelle, N.Y., has a son, Jeremy David. She and her husband, **Steven Wenner '74**, are doing residencies in New York City.



Dr. and Mrs. George A. Winch, '49, (left) and Dr. and Mrs. Clyde C. Greene, Jr., '41, at the San Francisco dinner at Stanford Court. Dr. Greene is State Vice President for the Alumni Association.

Presidents Go West

President Lewis W. Bluemle, Jr., and Alumni President Gonzalo E. Aponte met the western alumni last December at a series of dinners the seventh, eighth and ninth. Dr. Bluemle first traveled to Hawaii to attend a dinner there and to present to Mrs. L. Drew Betz the Cornerstone Award for her support of the University. The following evening in San Francisco Dr. Aponte joined with the President in welcoming alumni from the northern part of the state at the Stanford Court Hotel. On December 9 the speakers flew to Los Angeles where the southern contingent met with the Presidents at a dinner at the Jonathan Club. (Unfortunately the AFL/CIO had booked every available photographer for its convention: consequently these pages lack coverage of the seventy Los Angeles alumni there.)



Also at the San Francisco dinner on December 8 were (from left) Mrs. Tom D. Halliday, Dr. Halliday, '59, Dr. Gonzalo E. Aponte, '52, President of the Alumni Association and Dr. and Mrs. Lawrence T. Smyth, Jr., '77.

Dr. Lewis W. Bluemle, Jr. (left), Jefferson's new President, was meeting for the first time with alumni on the West Coast. With him are Dr. Franklin J. Chinn, '52 and Dr. Burton L. Wellenbach, '44 (right).



Dr. Aponte with Dr. Lewis H. Van Horn May, '53.



At the dinner at the Hawaiian Regent Hotel in Waikiki Dr. Blueemle presented Mrs. L. Drew Betz with the University's Cornerstone Award for her outstanding support of Jefferson.



Others at the Hawaii dinner include (from left) Mr. George King, Jefferson's Acting Vice President for Development, Dr. Raymond W. Brust, Jr., '56 and Mrs. Edward B. Lipp, Jr.



Dr. Barbara Blofstein, '70, (right) with Dr. and Mrs. Robert B. Cahan, '54, at Stanford Court.

With Dr. and Mrs. Wellenbach (left) at Stanford Court are Dr. and Mrs. John M. Levinson, '53.



Dr. and Mrs. Robert T. Wong, '36, at the December 7 dinner. Dr. Wong serves as Hawaiian State Vice President.



Obituaries

Richard R. Cranmer, 1909

Died September 18, 1977 at the age of 90. Dr. Cranmer, who resided in Santa Ana, California, at the time of his death, practiced surgery in Minneapolis. He helped establish Blue Shield of Minnesota and served there as both President and Executive Director. Surviving are his wife, Ethel, a son and daughter.

Arthur R. Gaines, 1916

Died November 18, 1977 at the age of 85 in Denver where he had been residing. Dr. Gaines, a retired Major General, had served as Commander of army hospitals in Panama and the Phillipines as well as Brooke General Hospital in San Antonio. He was awarded the Legion of Merit with oak leaf cluster. Following his 1952 retirement from the service he served as the first Medical Director of the State Tuberculosis Sanitarium, later the Henry R. Landis State Tuberculosis Hospital. He is survived by his wife, Edythe. His nephew is **Dr. James H. Lee, Jr., '45**, Chairman of the Department of Obstetrics and Gynecology at Jefferson.

Donald A. Gross, 1919

Died March 5, 1977 at the age of 80. Dr. Gross was a general practitioner in Youngstown, Ohio. He belonged to several medical societies and was a charter member and past President of the Kiwanis Club of Hubbard. He is survived by his wife, Alma, two sons one of whom is **Dr. William H. Gross '47**, and three daughters.

James F. McCahey, 1921

Died November 16, 1977. Dr. McCahey, who practiced general medicine in Philadelphia, had been living in Jacksonville, Florida, since his retirement.

Lynn M. Rankin, 1921

Died November 20, 1977 at the age of 81. Dr. Rankin, a surgeon, was on the staff of Delaware County Memorial Hospital until his retirement in 1958. He then resided in Clearwater, Florida. Dr. Rankin was a member of the American College of Surgeons and the Philadelphia Academy of Surgeons and Physicians. Surviving are his wife, Lillian, a daughter and a son.

George C. Glinsky, 1926

Died September 28, 1977. Dr. Glinsky, who resided in Newark, New Jersey, was Chief Medical Surgeon at the Veterans Administration Hospital.

Angel Augusto Ulloa, 1926

Died March 30, 1977. He resided in Conayagua, Honduras. He is survived by his wife, Maria.

Thomas J. Carter, 1927

Died January 20, 1975. The retired physician resided in Carlsbad, California. His wife, Vivian, survives him.

Irving O. Thomas, 1927

Died September 15, 1977 at the age of 75. He was a general practitioner in the Wilkes-Barre, Pennsylvania area.

Richard H. Hoffman, 1928

Died October 1, 1977 at the age of 75. Dr. Hoffman practiced internal medicine and endocrinology in Santa Ana, California, and was residing in Corona Del Mar. He was an avid airman and served as physician at the Bellefonte Air Mail Field. Dr. and Mrs. Hoffman are members of Jefferson's President's Club. Surviving are his wife, Edwina, a son and a daughter.

William M. Kennedy, 1928

Died September 15, 1977. Dr. Kennedy practiced internal medicine at the Oteen Veterans Hospital in Oteen, North Carolina. Surviving are three physician brothers, including **Dr. Leon T. Kennedy '35** and four sisters.

Colin H. Hartley, 1929

Died November 18, 1977 at the age of 76. Dr. Hartley served as Chief Medical Officer for the Pennsylvania Railroad in Baltimore until his retirement in 1966 and next served on a Veterans Administration Adjudication Board. He resided in Lutherville, Maryland. Surviving are his wife, Almeda, and a son **Dr. Robert A. Hartley '60**.

Carl L. Minier, 1929

Died November 11, 1977 at the age of 75. Dr. Minier had served as a pathologist at Parke-Davis Laboratories in Newark, New Jersey, until his retire-

ment in 1976. He was a member of the American Society of Clinical Pathologists and the New Jersey Society of Clinical Pathologists. He is survived by his wife, Irene, two sons one of whom is **Dr. Edward L. Minier '56** and a daughter.

Joel Goldman, 1931

Died October 7, 1977 at the age of 70. Dr. Goldman, who was residing in Atlantic City at the time of his death, practiced internal medicine in Johnstown, Pennsylvania. He was certified by the American Board of Internal Medicine, was a past President of the United Cerebral Palsy of Cambria County and served on the Board of Directors of Central Pennsylvania Chapter of the Arthritis Foundation. Surviving is his widow, Wanda.

Thomas Horwitz, 1932

Died October 31, 1977 at the age of 68. Dr. Horwitz was Chief of Orthopaedic Surgery at the Veterans Administration Hospital in Indianapolis and Professor of Orthopaedic Surgery at the Indiana University School of Medicine. He published his third book last year reporting results of his research.

Lewis C. Shellenberger, 1933

Died August 20, 1977. He resided in Tucson, Arizona. His wife survives him.

Malcolm H. Hawk, 1934

Died in June of 1976. The anesthesiologist resided in Palo Alto, California. He is survived by a son, Malcolm.

W. Earl Biddle, 1935

Died December 18, 1977 at the age of 71. Dr. Biddle served as psychiatrist in the state hospital system for 40 years. He was a Clinical Director at the Philadelphia State Hospital, Byberry, for 19 years. Dr. Biddle was a Fellow of the American Psychiatric Association and a member of the American Society for Clinical Hypnosis. He wrote numerous papers and was an innovator in forensic psychiatry. His wife, Catherine, survives him.

Elmer H. Miller, 1938

Died November 12, 1976 at the age of

65. Dr. Miller, a pediatrician, resided in Harrisburg, Pennsylvania.

John H. Campbell, 1941

Died December 3, 1977. Dr. Campbell, an obstetrician/gynecologist, resided in Hazelton, Pennsylvania. His wife survives him.

William A. O'Connell, 1946

Died October 26, 1977 at the age of 55. Dr. O'Connell was an obstetrician with offices in Chestnut Hill. He was associated with Chestnut Hill, Roxborough, Germantown and St. Joseph's Hospitals. Surviving are his widow, Agnes, and two daughters.

Charles J. DeWan, 1947

Died September 29, 1977. The former resident of Westboro, Massachusetts, was a pathologist. He is survived by his wife.

Milton M. Perloff, 1952

Died November 22, 1977 at the age of 57. A resident of the Philadelphia area, Dr. Perloff's offices were at Albert Einstein Medical Center, Northern Division; he was past President and Chairman of the medical staff and medical staff board there. He was a Diplomate of the American Board of Family Practice, a Fellow of the College of Physicians of Philadelphia and a Diplomate of the American Board of Medical Hypnosis. A member of Psychopharmacology Private Practice Group of the Department of Psychiatry of the University of Pennsylvania, he was President of the following organizations: Philadelphia and Pennsylvania Academies of Family Practice and Philadelphia Society of Clinical Hypnosis. He was named Practitioner of the Year in 1976 by the Philadelphia County Medical Society of which he also was President. Surviving are his wife, Genevieve, two daughters and two sons.

Robert C. Bastian, Jr., 1957

Died May 16, 1977 at the age of 46. Dr. Bastian practiced internal medicine in the Williamsport, Pennsylvania area following nearly ten years as a physician in the army.

Frank D. Rizzo, 1960

Died September 8, 1977 at the age of

44. Dr. Rizzo, an obstetrician/gynecologist, was on the staff of Rahway and South Amboy Hospitals (New Jersey). He was a Fellow of the American College of Obstetricians and Gynecologists. He is survived by his wife, Ellen, and two sons.

John E. Hillig, 1962

Died December 7, 1977 at the age of 43. Dr. Hillig, an obstetrician/gynecologist, was on the staff of the Reading Hospital and Medical Center in Pennsylvania. He was a member of the American College of Obstetricians and Gynecologists, the American Fertility Society, and the American Society of Colposcopy and Colpomicroscopy, among others. Surviving are his wife, Arlene, and a daughter.

Lorenz P. Hansen, Faculty

Died November 15, 1977. Dr. Hansen, an Honorary Associate Professor of Biochemistry, was appointed to the faculty in 1931. He received his doctorate in chemistry from Yale University.

Albert J. Nesbitt, Emeritus Trustee

Died October 27, 1977. Mr. Nesbitt, President and Chairman of the Board of the John J. Nesbitt Company, served Jefferson as a Life Trustee from 1956 till 1975. Throughout his active career he maintained a deep interest in the education and training of youth. In this connection he served on the Boards of numerous educational and recreational institutions. He was awarded a Doctor of Laws degree from Jefferson in 1975 and received other honorary degrees from his alma mater Drexel University, St. Joseph's College, Ursinus College and Springfield College. Mr. Nesbitt received thirty national and local awards in recognition of his service and achievements.

In the Fall issue of the JAB, alumni were invited to forward nominations for a trustee to succeed Joe Henry Coley, M.D. The trustee to be replaced is Thomas F. Nealon M.D., who will complete his second three year term in June. The editor apologizes for the error.

GEORGE J. WILLAUER, M.D.

(1896-1977)

George Willauer '23, died on December 19, 1977. With him an era ended in Philadelphia surgery.

Following a two year internship Dr. Willauer went on to Vienna for a year where he began his training in surgery. Long before residency programs were established and at a time when preceptorships were few, Vienna offered a highly desirable place to begin surgical training.

Upon his return to Philadelphia he began to attend the out-patient clinic and to participate in ward surgery. Over the years this meant many hours in the clinic and a willingness to come in at any time of night or Sunday for surgery in the wards. The aspirant at that time also had much to do on his own. Dr. Willauer, therefore, spent many hours in the laboratory of the anatomy department. This type of training and experience over the years fostered a kind of rugged individualism and self-confidence. It nurtured an ability to stand steadily when the going was rough. George Willauer sought perfection in himself and in those he trained. He was gifted as a teacher and although a strict disciplinarian he was always fair, always ready to help and to support those under his training when their judgement was sound. His stories, his gestures and his bearing made some of us feel that he would have made as finished an actor as he was a surgeon. When he appeared on occasion in his opera cloak and a black Homburg, in a manner befitting a Barrymore, he could have been mistaken for a stage idol.

An incident of his dramatic story-telling is remembered well. One evening in the sitting room of our Maine camp he told the story of the large salmon that did not get away. George was up and down in his chair showing his use of rod and line, all so vividly that we looked for the fish to come through the floor. He was an able and enthusiastic outdoorsman and as regularly as the seasons rolled around he would head for Maine for fishing or hunting. Later, he enjoyed



Dr. Willauer's portrait, which hangs in McClellan Hall, was presented by his residents in 1965.

preparing the fish or venison for his friends with the same attention to detail that he might show in his surgery. After his family, Mary and the two children, the great love of George Willauer was for Jefferson to which he gave much of himself in time and effort. The honors bestowed upon him by Jefferson: an honorary degree and the Alumni Achievement Award he accepted with a quiet humility. As alumni trustee he served with a full sense of the responsibilities entrusted to him. His special pleasure in later years were the activities involving the Medical College. At Commencement and at Founders Fund Dinners, which he organized, former students and residents would greet him with affection and respect. These moments he particularly enjoyed.

A most poignant demonstration of his concern for Jefferson was shown before he left the hospital a few days prior to his death. He was sent home at his own urgent request. While I was waiting in his room for the ambulance, George

awakened, beckoned me over and in a barely audible whisper said, "I didn't send out the last class letters." His eyes then closed.

George Willauer was a man of great integrity who was not swayed by passing fads when they violated his firm principles; he could keep his head when others about him might be losing theirs. His physical courage was evident during the many months he worked while wearing a heavy brace for the relief of an intensely painful sacral neuritis. Tough and rigid when it was demanded he was kindly, sometimes sentimental and always a true gentleman. He was the last of his generation and possessed a special kind of gallantry. His presence will be missed.

Benjamin Haskell, M.D. '23

Gifts to the Willauer Memorial Fund, as established by his family, may be forwarded to the Alumni Office, 1020 Locust St., Philadelphia, Pa.

At the Annual Business Meeting on February 23
the following Alumni were elected to office:

John N. Lindquist, President
Peter A. Theodos, President-Elect
Thomas B. Mervine, Vice President
Franz Goldstein, Vice President
Robert Poole, III, Vice President
John R. Prehatny, Vice President
Norman J. Quinn, Jr., Secretary
Samuel S. Conly, Jr., Treasurer

Alumni Calendar

March 17

Parents' Day for sophomore students

March 30

Dinner, Saucon Valley Country Club
Lehigh Valley alumni

April 6

Dinner, The University Club
New York City alumni

April 10

Reception in conjunction with the meetings
of the American College of Obstetricians
and Gynecologists
Disneyland Hotel
Anaheim, California

April 18

Reception in conjunction with the meetings
of the American College of Physicians,
Copley Plaza, Boston

May 5 to May 21

Postgraduate seminar to Scandinavia—
alumni and faculty

May 6

Reception in conjunction with The Medical
Society of New Jersey meetings
Howard Johnson's, Atlantic City

May 8

Dinner, Ohio alumni in conjunction with
the state meeting in Dayton

May 9

Reception in conjunction with the meetings
of the American Psychiatric Association
Peach Tree Plaza Hotel
Atlanta, Georgia

May 22

Reception in conjunction with the meetings
of the American Urological Association
Washington Hilton

June 7

Clinics, Dean's Luncheon
Reunion Parties (see inside cover)

June 8

Alumni Banquet
Hyatt House, Cherry Hill

June 9

Commencement, Academy of Music
Dedication of the new Jefferson Hospital

June 10

Reunions, classes of 1968 and 1973

John A. Timour
University Librarian
Scott Library, TJU
Phila., Pa. 19107